

Paraeducators in Special Education



A Growing Necessity and Responsibility

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Paraprofessionals and the Delivery of Special Education Services

Introduction

ADE/ESS Mission: To promote the development and implementation of quality education for students with disabilities

Paraprofessionals, employed in special education, Title I, or regular education, are a vital link enabling school districts and charter schools to expand their programs and adapt to the special needs of students in the form of smaller and more varied classrooms and instructional settings. They also play a key role in modifying programs for the wide spectrum of student abilities that schools must accommodate. Paraprofessionals are also an essential resource in order to truly implement the requirement of least restrictive environment.

Throughout this document, the terms “paraeducator” and “paraprofessional” will be used interchangeably. The Arizona Administrative Code (AAC) defines a paraeducator as “an individual trained to perform certain specialized tasks in the occupation of education”[AAC R7-2-601(4)]. As the laws have changed and the focus is now on educating students with disabilities in the general education setting, the role of the paraprofessional has become even more crucial than before.

Paraeducator’s Role

Many terms have been used to describe those people employed to assist in the delivery of special education services to children with disabilities:

- Teaching assistant
- Classroom aide
- Instructional support
- Educational assistant
- Paraprofessional
- Paraeducator

Despite the differences in terminology, paraprofessionals increase the amount of quality instructional time enabling individual student needs to be met in a timely, efficient manner. They serve as positive role models that expand student-learning opportunities through individualized attention, instruction, and behavior management. Core beliefs regarding the paraprofessional’s role in education further help to clarify their purpose, responsibility, and need for support from the educational community

- The value of paraprofessionals and the complexity of their roles are recognized as important to the success of the school
- Paraprofessionals are respected and valued members of the educational team
- Paraprofessionals are critical to the social, emotional, academic, and vocational success of students
- Paraprofessionals play an active and essential role in their work with students by providing encouragement, support, assistance, and advocacy.
- Communication among paraprofessionals, certified and licensed personnel, and parent is carefully planned and carried out.
- Paraprofessionals understand the needs of students.
- All paraprofessionals have a professional identity and advocate for their profession by maintaining positive, supportive, cooperative, and professional relationships.
- Teachers, administrators, and other members of the educational team enable paraprofessionals to be effective in their work by providing resources, support, feedback, and assistance.
- Leaders at the state, district, school, and building level provide the systems-level support and resources to enable paraprofessionals to be effective in their work.

Paraprofessionals also enable teachers to have time to develop their instructional programs for students, resulting in greater consistency in planning, teaching, and evaluating the special education program. They further ensure that students receive more consistent and safer instructional and school environments.

Federal and State Guidelines

Guaranteeing a free and appropriate public education (FAPE) for all students, regardless of disability, student background, geographic location, and service availability, presents school districts and charter schools with enormous challenges to comply with state and federal regulations. The Individuals with Disabilities Education Act (IDEA) Amendments of 1997, Rules and Regulations make provisions for the use of paraprofessionals and assistants. The Regulations state, “A state may allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulations, or written policy, in meeting the requirements of this part to be used to assist in the provision of special education and related services to children with disabilities under Part B of the Act” [34 CFR 300.136(b)(4)(f)].

The paraprofessional is respected and supported as an essential team member responsible for assisting certified, credentialed, and licensed personnel in the delivery of instruction, support, and related services. Federal Regulations also support the paraprofessionals’ role in fulfilling a state’s obligation to provide instruction and “...address the identified needs for in-service and pre-service preparation to ensure that all personnel who work with children with disabilities (including both professional and paraprofessional personnel who provide special education, general education, related services, or early intervention services) have the skills and knowledge necessary to meet the needs of children with disabilities” [34 CFR 300.382].

Individualized education programs for students with disabilities make it necessary for districts and charter schools to offer a more varied educational experience, often resulting in small group or one-to-one instruction provided by paraprofessional assistance. According to the Arizona Revised Statutes (ARS), the governing board shall... “Provide for adequate supervision over pupils in instructional and non-instructional activities by certified or non-certified personnel” [ARS 15-341(17)]. Thus emphasizing that the paraprofessional is an integral member of the school’s educational team and of the educational teams for individual students.

The purpose of this document is to provide information and resources for paraprofessionals, administrators, and teachers. It is also designed to assist in the understanding of responsibilities with regard to the provision of appropriate training and supervision requirements for paraprofessionals working in school districts and charter schools in Arizona.

Section 504 of the Rehabilitation Act
**Mandates general education to provide accommodations*

Public Law 94-142
** Guarantees FAPE and IEP's for each student*

IDEA Amendment
**Emphasizes high academic standards and performance goals*

1973

1974

1975

1990

1997

FERPA
** Maintains confidentiality of records, and parental right to review records*

IDEA
** Emphasizes transition services and person-first language*

ADA
**Mandates accessibility to buildings, activities, employment, and transportation*

History of Services

Prior to the 1970's, persons with disabilities were excluded by society and segregated into institutions for care. Until this time, little was done to educate those with disabilities. The following descriptions summarize several federal laws and statutes enacted after 1970 that outline the provision of services to students with disabilities.

Rehabilitation Act – Section 504 (1973)

Section 504 of the Rehabilitation Act protects the rights of all people with disabilities. It guarantees access to education, buildings, or any programs receiving federal funding to anyone whose disability limits a major life function/activity. Specific details of Section 504 include:

1. It is a civil rights law, not education law.
2. It protects rights of all people with disabilities.
3. It applies to all recipients of federal funds – schools, institutions, and universities.
4. It guarantees that each student must have mental or physical impairment that substantially limits one or more major life function/activity.
5. It is the responsibility of general education to provide accommodations.

The Family Educational Rights and Privacy Act (FERPA)– Public Law 93-380 – Buckley Amendment (1974)

The Family Educational Rights and Privacy Act (FERPA), protects the rights of parents and students in reviewing educational records. It also outlines the requirements for maintaining the confidentiality of records listed below.

1. Parents and eligible students have the right to review records (within 45 days of request).
2. Parents and eligible students have the right to have records interpreted by school officials.
3. School officials may not destroy records if there is a request for review.
4. School must provide copies of records to parents and eligible students.
5. Parents and eligible students may request records be amended if it is believed that the information is inaccurate, misleading, or a violation of student rights.
6. School may release educational records to:
 - a. school officials in same district with legitimate educational interest.
 - b. school officials of district to which student transfers.
 - c. student financial aid officials.
 - d. research organizations helping school (must guarantee confidentiality).
 - e. court orders.

7. Documentation containing requests for records must be maintained in student's file.
8. District must give parents of students, or students aged 18 or older, annual notices of:
 - a. school or institution policy and procedures in providing FERPA.
 - b. rights of parents (and students over 18) to file a complaint.
 - c. school's responsibility for communicating in primary language of the parents and/or student.

Education for All Handicapped Act – Public Law 94-142 (1975)

The Education for All Handicapped Act, also referred to as Public Law 94-142, was written to protect the educational needs of students with disabilities. It guaranteed that students with disabilities could receive individualized special education services in a public school.

1. Guaranteed free, appropriate public education (FAPE) for students with disabilities – ages 3-21.
2. Individualized Education Program (IEP) for each student with disabilities was guaranteed.
3. Students with disabilities often remained in segregated buildings despite law.

Individuals with Disabilities Education Act (IDEA) – Public Law 101-476 (1990)

The Individuals with Disabilities Education Act revised and updated P.L. 94-142 and emphasized the rights of students with disabilities to receive integrated educational services. Major changes resulting from the implementation of IDEA included:

1. Changing the language used from “handicap” to “disability.”
2. Instituting person first language – “student with disability.”
3. Emphasizing transition services for secondary students.

Americans with Disabilities Act – (ADA) (1990)

The Americans with Disabilities Act expanded the protections provided for people with disabilities. The intent was to outline situations that should never be discriminatory or limit a person's access to a building, activity, job, education, etc. It mandates:

1. Civil rights protection for individuals with disabilities in the private sector.
2. Employers with 15 or more employees may not refuse to hire a person with a disability.
3. New public transit vehicles to be accessible to persons with disabilities.
4. Public accommodations cannot exclude or refuse persons with disabilities.
5. Telephone companies must offer relay services to persons with hearing impairments.
6. State or local governments may not discriminate against qualified individuals with disabilities.

IDEA Amendment – Public Law 105-17 (1997)

Public Law 105-17 amended IDEA, building on research gathered since the enactment of P.L. 94-142 in 1975. The emphasis of this law improved student performance through high academic standards, clear performance goals, and communicative partnerships with all parties involved in the education of a student who receives special education. Implementation of this law included:

1. Emphasizing high academic standards and clear performance goals.
2. Strengthening the role of parents, students, and educational service providers working as a team.
3. Placing greater emphasis on involvement and progress of all children with disabilities in the general education curriculum.
4. Establishing the categories of disabilities of students eligible for services.
5. Increasing emphasis on student placement in least restrictive environment.

Ethical and Professional Standards

Paraeducators must follow ethical guidelines when working with all students including those with disabilities. They will be involved with many other educational personnel, parents, students, administrators and encounter highly sensitive information concerning students and families. It is extremely important that paraeducators develop a code of ethics that outlines acceptable practices for working with students and adhering to the principles of confidentiality. The code should include specific responsibilities as well as a guide for maintaining relationships with students, parents, teachers, school personnel, and community members. A suggested code of ethics for paraeducators to abide by would include:

Accepting Responsibility

- Engage only in activities for which they are qualified or trained.
- Do not communicate student progress or concerns to parents or others unless directed to do so by the supervising teacher(s).
- Refer concerns about the student by other students, parents, teachers, administrators, and community members to the supervising teacher.
- Recognize that the supervising teacher has the ultimate responsibility for instruction and management of the educational environment.
- Ask the supervising teacher for direction and guidance if questions arise.
- Observe and share findings with the supervising personnel concerning the children with whom the paraeducator works.

Relationships with Students and Parents

- Discuss school problems and confidential matters only with appropriate personnel.
- Refrain from engaging in discriminatory practices based on a student's disability, race, sex, cultural background, religion, or socio-economic status.
- Respect the dignity, privacy, and individuality of all students, their family, and staff members.
- Presentation as a positive adult role model.
- Learn student's name, interests, and other characteristics as soon as possible.
- Show interest in students and adapt instruction to their unique characteristics as much as possible.

Relationships with Teachers and Related Service Personnel

- Recognize the teacher as the supervisor in the setting.
- Establish effective communication and a positive relationship with the teacher.
- Discuss concerns and questions about the teacher or his/her teaching methods with the teacher.
- Readily share information about students and the educational setting with the teacher.
- Follow the school district's grievance procedure when problems cannot be solved.

Relationships with School Administrators and Other Personnel

- Accept responsibility in helping students reach their full potential.
- Seek information on activities that will benefit the students.
- Know school policies and procedures and follow the appropriate chain of command.
- Represent the school in a positive manner.
- Be on time and have a regular attendance pattern.
- Be cooperative and honest with all professional staff, administrators, and support staff members.

Qualities of an Effective Paraeducator

The qualities that further define an effective paraeducator are described below:

- Needs to be able to accept and deal with changes. Schedules, student assignments, techniques, routines are all subject to change.
- Follows through with instructions of supervisor and team of professionals. Regards all team members with respect, realizing all are important contributing members to the student's progress.
- Needs to be a willing learner. Listens, asks questions, follow instructions and asks for clarification from case manager/supervisor. Always directs questions and concerns to the supervisor first, who then routes questions and information.
- A paraeducator working with students with special needs is an important team member. This work in the field of education and special education has a direct impact on a student's life. As a team member, a paraeducator is a representative of the program, the school, the public school system and the overall field of special education. Therefore, appropriate behavior, conversation and a positive attitude are essential.

- Keeps accurate records as instructed by supervisor and team, such as program data, contacts from parents and any concerns or observations about a child's health, safety, etc.
- Keeps information about a student and their family private and confidential as Public Law 105-17 (IDEA) and FERPA require. Knows what is heard and seen in school stays in school. Remembers information is not to be used as conversation or gossip in the lounge with school staff or in the community.
- As situations arise with a student or others, remembers to STOP, THINK, and then ACT. Mature attitude and behavior are a must.
- Realizes the importance of listening to instructions and training in techniques. Views work with students as important. Therefore, any details, observations or concerns about a student are noted and reported to the supervisor.
- Views work as a challenge not as insurmountable obstacles. Utilizes follow-through, creativity and persistence.
- Has a strong belief in the importance of work with students. Realizes the negative or positive image one can give to others through comments, gestures, expressions and behaviors. Therefore, chooses to emphasize the positive "We can!" attitude knowing that trying on a daily basis eventually leads to success.

Paraeducators and Supervision

The opportunities are unlimited. The paraeducator will be involved in many different situations. This will not happen all at once. The principal and the supervising teacher(s) will decide the areas of involvement in the educational program for the paraeducator. The paraeducator is responsible to the principal and to the supervising professional(s) in the workplace. They are ready to answer questions, supply information, and suggest solutions to problems. The key to the success of this program is the paraeducator's ability to work together as part of an educational team. A sense of loyalty to the school and a proper regard for professional ethics are essential. Therefore, the paraeducator should become acquainted with the general policies of the school and maintain strict confidence about the children's records, school problems, and opinions about others in the workplace. A "good relationship" means that the paraeducator should:

- Become a member of the team, in spirit as well as in name;
- Strive for a consistent approach in working with students;
- Not allow students to circumvent the supervising teacher's directions or authority;
- Remember that school is designed to help students grow independently as well as to gain knowledge;
- Maintain an attitude of encouragement with students;
- Remember that each student needs successful experiences;
- Refer to each student by name;
- Emphasize the positive whenever correcting a student;

- Plan ahead;
- Try to foresee and prevent trouble before it happens;
- React maturely in emotional situations; usually when students disagree with the paraeducator, it is not meant personally. They may be demonstrating frustration with their perception of the educational demands and experiences;
- Treat all information about students and families in strictest confidence;
- Recognize that each student is different and has a unique pace and pattern of growth and development.

Roles and Responsibilities of Supervisors

Licensed teachers and administrators working with paraeducators, must rely upon their own professional judgement when assigning duties. Although the paraeducator will attend inservice classes to learn skills that will be helpful in the classroom, the orientation training must be provided by the supervising professional. It is important for the supervising professional to discover any special talents the paraeducator may have, to have conferences about their work, and to guide them in developing professionally to his/her fullest potential.

With careful planning, the supervising professional and the paraeducator will develop a good working relationship. The paraeducator must be made to feel comfortable and welcome and given the time to discuss the expectations and duties of the position. Gradually, they will become an integral part of the school activities and can be a valuable addition to the entire school. Planning between the supervising professional and the paraeducator is critical to promote positive interactions including:

- Giving the paraeducator a clear assignment of duties and responsibilities as they are developed;
- Clarifying the discipline role and expectations of the paraeducator;
- Sharing information that will help in understanding the students' needs;
- Assisting the paraeducator to learn to contribute positive and helpful communications;
- Assisting the paraeducator to maintain an open-minded and objective outlook;
- Assisting the paraeducator to recognize the need to allow students to make errors and approach tasks creatively; and
- Assisting the paraeducator to develop a realistic viewpoint about the students.

The administrative and programmatic duties of both teachers and paraeducators are linked to achieving the educational goals and objectives established for individual students and an entire class. The most important functions the team must carry out include but are not limited to: assessing the developmental and functioning levels of all students; developing instructional objectives for individual students; designing and implementing curriculum activities to meet the objectives; evaluating the impact of the program on student performance; developing a classroom environment that encourages learning; recordkeeping; material selection and

preparation; and ordering supplies and equipment. For the teacher to determine how best to integrate the paraeducator into the various elements of instruction and classroom management, the teacher needs to learn about the educational background and work experience of the paraeducator, as well as any special interests and talents the paraeducator may have.

How teachers decide on what tasks to assign to paraeducators will depend on the management and instructional styles of individual teachers. Some teachers may include the paraeducator in the planning process. Other teachers may prefer to develop the plan alone and inform the paraeducator either orally or in writing about weekly and daily schedules, their duties, and the materials required for various activities.

It is important for a teacher to understand the distinctions in assigning and delegating tasks in order to avoid the pitfalls of practicing inappropriate delegation or assigning inappropriate tasks to the paraeducator. Directions/assignments may be given orally, in writing, by demonstrating, or a combination of all three techniques. The key to giving effective directions is to make sure that the paraeducator comprehends what is expected of her or him. This may be accomplished by asking the paraeducator to model the skills while the teacher observes, and encouraging the paraeducator to ask questions and share concerns about the nature of the assignment.

Questions Teachers Need to Ask

Do teachers know what functions they expect the paraeducator to perform in the classroom? When a teacher assigns a task to the paraeducator, do they describe:

- ❖ What is to be done?
- ❖ Why does it need to be done?
- ❖ What materials will be needed?
- ❖ Who will be doing the job (the teacher, the paraeducator, or both the teacher and the paraeducator)?
- ❖ How do I want it to be done?
- ❖ Where will the task be performed?
- ❖ How will student performance be monitored and assessed?

To carry out their assigned duties effectively, paraeducators will need to know:

1. Why is it necessary to perform this particular task?
2. What is needed to do the job (equipment, material)?
3. Who will be doing the job (the paraeducator, the teacher, or both the teacher and paraeducator)?
4. Where the task will be performed?
5. When will the task begin and end?
6. How will the task be performed (teaching methods, reinforcers, and other techniques)?
7. How the progress of the students will be monitored and assessed?
8. How the performance of the paraeducator will be monitored?

Delegating Tasks

Sometimes teachers will find it beneficial to delegate tasks. Teachers have the overall responsibility for getting the teaching/learning job accomplished successfully. It is also true that teachers may require different levels of assistance to ensure that educational goals and objectives for students are achieved. Data about student functioning levels and performance must be gathered and assessed, records maintained, and necessary supplies and equipment available.

Delegation means giving another person the responsibility for completing a task and using his/her own judgement as to whether the task has been performed properly. The delegator is still responsible for the administration, oversight, and conduct of the task. The supervising teacher will need to be sure to address the following:

- Have I determined that the paraeducator is ready to take on the responsibility?
- Am I prepared to give the paraeducator the necessary authority to perform the task?
- Have I determined how I will monitor the performance of the paraeducator?
- Do I avoid inappropriate delegation?

It is critical that a decision to delegate a responsibility be made consciously and planned for carefully. Otherwise inappropriate delegation is likely to occur. Both are common problems in the classroom and often lead to paraeducator or other support personnel performing tasks that are unfair to them and to the students. An example of an inappropriate assignment is asking a paraeducator to deal with a difficult student almost exclusively so the teacher can spend his/her time with students who can "really learn and benefit from the teacher's knowledge and skills." Inappropriate delegation happens when a teacher does not adequately explain what is expected of the paraeducator and the paraeducator carves out his/her own place in the classroom by making decisions about what to do and how to do it.

Some teachers may not feel comfortable delegating because they really don't understand how to determine what to delegate, or the benefits of delegating. In addition, as noted previously, teachers may have a variety of reasons for real concerns about delegating any part of the instructional process. These blocks can and should be overcome because effective, appropriate delegation can assure:

- That the paraeducator's existing skills will be used well;
- That motivation will be improved;
- That teachers will have more time for evaluating student needs, planning programs and assessing the results of the instruction on student performance; and
- That the teacher's time will be used more efficiently for the benefit of students.

Guidelines for Utilizing Paraeducators

Guidelines for teachers and administrators to follow in appropriately employing the assistance of paraeducators include:

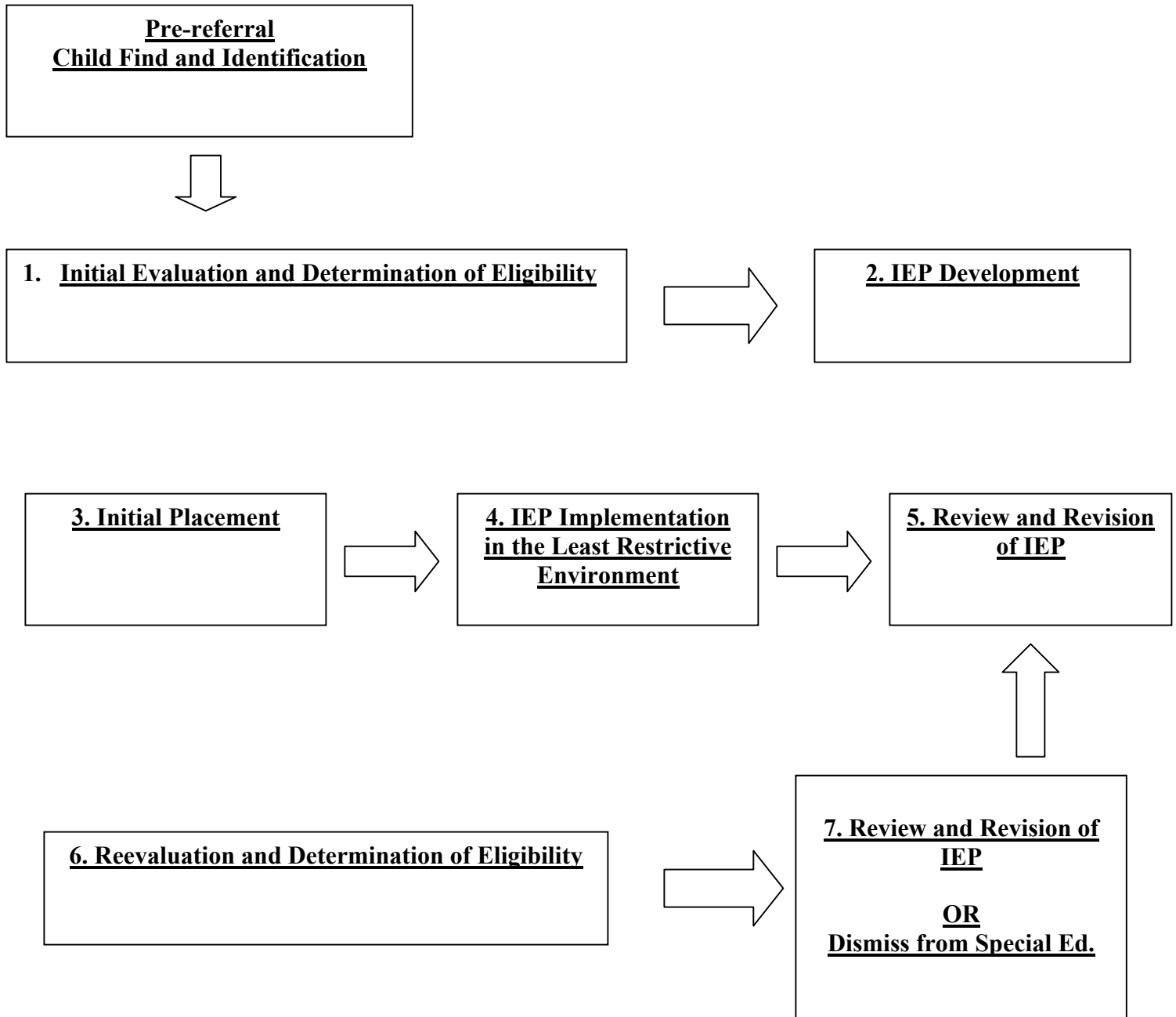
- The paraeducator's role is not to reduce the supervising teacher's workload. If the teacher and paraeducator are working well together and the paraeducator is making a positive contribution to the routines, the instructional benefit provided by the licensed teacher can be extended to more students and made more salient for all of the students.
- Supervising teachers should make suggestions of the specific content of the training programs for paraeducators to the person(s) responsible for providing inservice.
- Paraeducators should not be given confidential information unless it is accompanied with instruction as to how it is to be used and the legal requirements for confidentiality.
- Paraeducators should not be required to mark or score any papers that require a qualitative judgement; objective tests, with a "key" provided by the teacher, may be scored by paraeducators.
- Supervising teachers should be involved in the interviewing and selection process
- In most cases, paraeducator:s will be assigned to one supervising teacher. In some instances, notably secondary schools, a teacher may not have the opportunity to work closely with one paraeducator assigned to his/her own room. In a few cases, a department may share a paraeducator who frequently works outside of the classroom.

Suggestions for the Supervising Teacher

The responsibilities of the supervising teacher have evolved and changed to include the following:

- The teacher needs to develop strategies necessary to create the integration of paraeducators into the educational team.
- The implementation of the goals by the teacher, and the plan to achieve these goals in conjunction with the paraeducator will enable the team to motivate student development and creativity.
- Teachers need to familiarize themselves with the paraeducators educational background and experience prior to directing, assigning and delegating tasks.
- When directing, assigning, and delegating responsibility, it is essential that the team members understand the goals of the task and are comfortable implementing the goals.

SPECIAL EDUCATION PROCESS- OVERVIEW



Special Education Process Overview

In order to assist teachers in providing individualized services for students, paraeducators will need to become familiar with the special education process. Paraeducators play an important role in each step of the provision of services to students needing special education. They contribute observational and data gathering assistance in not only identifying students, but also in the evaluation and implementation of instructional and behavioral techniques. A brief overview of the special education process is described below.

Pre-referral, Child Find, and Identification



- A. Review school records (from prior schools and school of current enrollment).
- B. For school-aged children complete a 45-day Screening; for preschool-aged children conduct screening within 45 days of parental notification to the public educational agency (PEA) of concern.
- C. Document interventions attempted for school aged children prior to referring for an evaluation.
- D. Provide information to parent(s) in writing.
- E. If appropriate, refer the child for evaluation and/or other appropriate services.

STEP 1. Evaluation and Determination of Eligibility



- A. Provide Prior Written Notice (PWN), Procedural Safeguards Notice (PSN), and Meeting Notice as appropriate.
- B. Review existing data by MET/IEP team members and document decisions.
- C1. If **No Additional Data** Are Needed:
 - Determine eligibility.
 - Develop evaluation report that reflects **all** required components.
 - Provide Prior Written Notice (PWN) and make available Procedural Safeguards Notice (PSN) reviewing the parental rights regarding initial evaluation.

C2. If **Additional Data** Are Needed:

- Provide Prior Written Notice (PWN) and make available Procedural Safeguards Notice (PSN) to the parent.
- Obtain parental consent. If parent refuses consent, Public Education Agency (PEA) may pursue Mediation or Due Process.
- Gather additional data.
- Determine and document eligibility.
- Develop an evaluation report summarizing **all** data collected.
- Provide Prior Written Notice (PWN) and make Procedural Safeguards Notice (PSN) available to parent(s).

D. Provide the parent(s) with a copy of the evaluation report and documentation of eligibility.

STEP 2. Individualized Education Program (IEP) Development



- A. Provide Meeting Notice and Procedural Safeguards Notice (PSN) to the parent(s) and document all efforts to involve the parents.
- B. Conduct meeting to develop the IEP addressing required components.
- C. The IEP will address the Least Restrictive Environment (LRE) for provision of each service.
- D. Provide the parent(s) with Prior Written Notice that the IEP will be implemented and make available Procedural Safeguards Notice (PSN).

STEP 3. Initial Placement

- A. Obtain written parental consent.
- B. Provide Prior Written Notice (PWN) and make available Procedural Safeguards Notice (PSN).

STEP 4. IEP Implementation of the Least Restrictive Environment (LRE)

- A. Inform teachers of their IEP responsibilities and provide access to the IEP.
- B. Implement the IEP and provide services.

- C. Keep parent(s) informed of progress toward IEP goals as frequently as progress is reported on all students. The report must indicate if the progress is sufficient to meet the goal by the end of the IEP year.

STEP 5. Review and Revision of IEP



- A. Provide Meeting Notice and Procedural Safeguards Notice (PSN).
- B. Review/revise components of the IEP.
- C. The IEP determines the Least Restrictive Environment (LRE) for implementation of each service.
- D. Provide Prior Written Notice (PWN) and make available Procedural Safeguards Notice (PSN).

STEP 6. Reevaluation and Determination of Eligibility

- A. Provide Prior Written Notice (PWN), Procedural Safeguards Notice (PSN) and Meeting Notice as appropriate.
- B. Review existing data (IEP team).
 - C1. If **No Additional Data** Are Needed
 - Notify parent of the right to request additional assessment
 - Determine continued eligibility.
 - Develop a reevaluation report.
 - Provide Prior Written Notice (PWN) and make Procedural Safeguards Notice (PSN) available.



C2. If Additional Data Are Needed

- Provide Prior Written Notice (PWN) and Procedural Safeguards Notice (PSN) to parent(s).
- Obtain parental consent. If parent fails to respond, document reasonable measures to obtain consent. If parent refuses consent, Local Education Agency (LEA) may pursue mediation or Due Process.
- Gather additional data.

- Determine continued eligibility.
- Develop a reevaluation report summarizing all data collected.
- Provide Prior Written Notice (PWN) and make Procedural Safeguards Notice (PSN) available.

D. Provide parent(s) with a copy of the evaluation report and documentation of eligibility.

STEP 7. Repeat Steps 5 and 6 or Dismiss from Special Education

- A. Provide reevaluation report to parent(s).
- B. Provide Prior Written Notice (PWN) and make available Procedural Safeguards Notice (PSN).

Child Identification

What Is Child Find?

The intent of Child Find under both federal and state requirements is to ensure that all children ages birth-21 with delays or disabilities are identified, located, and evaluated in order to receive needed early intervention supports or special education services. Public agencies responsible for providing these supports and services are obligated to actively search to “find” children who may be eligible and conduct an eligibility determination process that includes screening and evaluation according to state established criteria. The paraprofessional’s role encompasses assisting the supervising teacher with finding children who may qualify for services.

Early intervention supports and services assist families of eligible children ages birth to three to help their child develop to their full potential and, to the maximum extent possible, participate in the daily activities and routines of their families and communities with greater independence and competence. Special education for preschool and school-aged children involves teachers and paraprofessionals providing specialized instruction and supports to assist children in reaching their developmental milestones and benefiting from their educational environment.

Arizona has two separate service delivery systems for providing supports and services under the Individuals with Disabilities Education Act (IDEA) of 1997 for Part C and Part B. Eligibility criteria are broken down by ages: Part C- early intervention (birth to 3 years) and Part B- preschool special education (3-5 years) and school-aged special education (5 through 21 years). Part B of IDEA serves children ages 3-21 through public education agencies and is administered through the Arizona Department of Education as set forth through State law in the Arizona Revised Statutes, Title 15 and State rules in the Arizona Administrative Code, R7-2-401-405.

Part C of IDEA provides early intervention supports to eligible infants and toddlers from birth to 3 years. The Arizona Early Intervention Program (AzEIP) is administered through the lead agency, Arizona Department of Economic Security (DES). Five state agencies collaborate to comprise Arizona’s early intervention system (AzEIP): Arizona Department of Health Services (DHS), Arizona Department of Economic Security (DES), Arizona State School for the Deaf and the Blind (ASDB), Arizona Health Care Cost Containment System (AHCCCS), and the Arizona Department of Education (ADE).

What is a 45-Day Screening?

All newly enrolled students will have their records reviewed by school personnel. That information will either indicate that the student is showing continued growth in the general curriculum, or that the student has been through a screening process. When there is inadequate information, a school will conduct a 45-day screening to consider all aspects of a student’s abilities including academics, communication, social/emotional, psychomotor skills, adaptive behavior, vision, and hearing.

All kindergarten students must be screened in the same areas noted above within 45 calendar days of entry to school.

STUDENT SCREENING REPORT			
NAME OF STUDENT		DOB	EDUCATION
NAME OF STUDENT	DATE OF BIRTH	THREAT	OTHER
I. VISION		II. COMMUNICATION SKILLS	
YES () NO ()		YES () NO ()	
1.1. I can see the teacher when she is in the room.		1.1. I can hear the teacher when she is in the room.	
1.2. I can see the teacher when she is behind me.		1.2. I can hear the teacher when she is behind me.	
1.3. I can see the teacher when she is to the side of me.		1.3. I can hear the teacher when she is to the side of me.	
1.4. I can see the teacher when she is in front of me.		1.4. I can hear the teacher when she is in front of me.	
1.5. I can see the teacher when she is in the distance.		1.5. I can hear the teacher when she is in the distance.	
1.6. I can see the teacher when she is in the hallway.		1.6. I can hear the teacher when she is in the hallway.	
1.7. I can see the teacher when she is in the classroom.		1.7. I can hear the teacher when she is in the classroom.	
1.8. I can see the teacher when she is in the playground.		1.8. I can hear the teacher when she is in the playground.	
1.9. I can see the teacher when she is in the cafeteria.		1.9. I can hear the teacher when she is in the cafeteria.	
1.10. I can see the teacher when she is in the gymnasium.		1.10. I can hear the teacher when she is in the gymnasium.	
1.11. I can see the teacher when she is in the library.		1.11. I can hear the teacher when she is in the library.	
1.12. I can see the teacher when she is in the art room.		1.12. I can hear the teacher when she is in the art room.	
1.13. I can see the teacher when she is in the music room.		1.13. I can hear the teacher when she is in the music room.	
1.14. I can see the teacher when she is in the computer lab.		1.14. I can hear the teacher when she is in the computer lab.	
1.15. I can see the teacher when she is in the science room.		1.15. I can hear the teacher when she is in the science room.	
1.16. I can see the teacher when she is in the social studies room.		1.16. I can hear the teacher when she is in the social studies room.	
1.17. I can see the teacher when she is in the English room.		1.17. I can hear the teacher when she is in the English room.	
1.18. I can see the teacher when she is in the math room.		1.18. I can hear the teacher when she is in the math room.	
1.19. I can see the teacher when she is in the foreign language room.		1.19. I can hear the teacher when she is in the foreign language room.	
1.20. I can see the teacher when she is in the special education room.		1.20. I can hear the teacher when she is in the special education room.	
1.21. I can see the teacher when she is in the health room.		1.21. I can hear the teacher when she is in the health room.	
1.22. I can see the teacher when she is in the physical education room.		1.22. I can hear the teacher when she is in the physical education room.	
1.23. I can see the teacher when she is in the art room.		1.23. I can hear the teacher when she is in the art room.	
1.24. I can see the teacher when she is in the music room.		1.24. I can hear the teacher when she is in the music room.	
1.25. I can see the teacher when she is in the computer lab.		1.25. I can hear the teacher when she is in the computer lab.	
1.26. I can see the teacher when she is in the science room.		1.26. I can hear the teacher when she is in the science room.	
1.27. I can see the teacher when she is in the social studies room.		1.27. I can hear the teacher when she is in the social studies room.	
1.28. I can see the teacher when she is in the English room.		1.28. I can hear the teacher when she is in the English room.	
1.29. I can see the teacher when she is in the math room.		1.29. I can hear the teacher when she is in the math room.	
1.30. I can see the teacher when she is in the foreign language room.		1.30. I can hear the teacher when she is in the foreign language room.	
1.31. I can see the teacher when she is in the special education room.		1.31. I can hear the teacher when she is in the special education room.	
1.32. I can see the teacher when she is in the health room.		1.32. I can hear the teacher when she is in the health room.	
1.33. I can see the teacher when she is in the physical education room.		1.33. I can hear the teacher when she is in the physical education room.	
1.34. I can see the teacher when she is in the art room.		1.34. I can hear the teacher when she is in the art room.	
1.35. I can see the teacher when she is in the music room.		1.35. I can hear the teacher when she is in the music room.	
1.36. I can see the teacher when she is in the computer lab.		1.36. I can hear the teacher when she is in the computer lab.	
1.37. I can see the teacher when she is in the science room.		1.37. I can hear the teacher when she is in the science room.	
1.38. I can see the teacher when she is in the social studies room.		1.38. I can hear the teacher when she is in the social studies room.	
1.39. I can see the teacher when she is in the English room.		1.39. I can hear the teacher when she is in the English room.	
1.40. I can see the teacher when she is in the math room.		1.40. I can hear the teacher when she is in the math room.	
1.41. I can see the teacher when she is in the foreign language room.		1.41. I can hear the teacher when she is in the foreign language room.	
1.42. I can see the teacher when she is in the special education room.		1.42. I can hear the teacher when she is in the special education room.	
1.43. I can see the teacher when she is in the health room.		1.43. I can hear the teacher when she is in the health room.	
1.44. I can see the teacher when she is in the physical education room.		1.44. I can hear the teacher when she is in the physical education room.	
1.45. I can see the teacher when she is in the art room.		1.45. I can hear the teacher when she is in the art room.	
1.46. I can see the teacher when she is in the music room.		1.46. I can hear the teacher when she is in the music room.	
1.47. I can see the teacher when she is in the computer lab.		1.47. I can hear the teacher when she is in the computer lab.	
1.48. I can see the teacher when she is in the science room.		1.48. I can hear the teacher when she is in the science room.	
1.49. I can see the teacher when she is in the social studies room.		1.49. I can hear the teacher when she is in the social studies room.	
1.50. I can see the teacher when she is in the English room.		1.50. I can hear the teacher when she is in the English room.	
1.51. I can see the teacher when she is in the math room.		1.51. I can hear the teacher when she is in the math room.	
1.52. I can see the teacher when she is in the foreign language room.		1.52. I can hear the teacher when she is in the foreign language room.	
1.53. I can see the teacher when she is in the special education room.		1.53. I can hear the teacher when she is in the special education room.	
1.54. I can see the teacher when she is in the health room.		1.54. I can hear the teacher when she is in the health room.	
1.55. I can see the teacher when she is in the physical education room.		1.55. I can hear the teacher when she is in the physical education room.	
1.56. I can see the teacher when she is in the art room.		1.56. I can hear the teacher when she is in the art room.	
1.57. I can see the teacher when she is in the music room.		1.57. I can hear the teacher when she is in the music room.	
1.58. I can see the teacher when she is in the computer lab.		1.58. I can hear the teacher when she is in the computer lab.	
1.59. I can see the teacher when she is in the science room.		1.59. I can hear the teacher when she is in the science room.	
1.60. I can see the teacher when she is in the social studies room.		1.60. I can hear the teacher when she is in the social studies room.	
1.61. I can see the teacher when she is in the English room.		1.61. I can hear the teacher when she is in the English room.	
1.62. I can see the teacher when she is in the math room.		1.62. I can hear the teacher when she is in the math room.	
1.63. I can see the teacher when she is in the foreign language room.		1.63. I can hear the teacher when she is in the foreign language room.	
1.64. I can see the teacher when she is in the special education room.		1.64. I can hear the teacher when she is in the special education room.	
1.65. I can see the teacher when she is in the health room.		1.65. I can hear the teacher when she is in the health room.	
1.66. I can see the teacher when she is in the physical education room.		1.66. I can hear the teacher when she is in the physical education room.	
1.67. I can see the teacher when she is in the art room.		1.67. I can hear the teacher when she is in the art room.	
1.68. I can see the teacher when she is in the music room.		1.68. I can hear the teacher when she is in the music room.	
1.69. I can see the teacher when she is in the computer lab.		1.69. I can hear the teacher when she is in the computer lab.	
1.70. I can see the teacher when she is in the science room.		1.70. I can hear the teacher when she is in the science room.	
1.71. I can see the teacher when she is in the social studies room.		1.71. I can hear the teacher when she is in the social studies room.	
1.72. I can see the teacher when she is in the English room.		1.72. I can hear the teacher when she is in the English room.	
1.73. I can see the teacher when she is in the math room.		1.73. I can hear the teacher when she is in the math room.	
1.74. I can see the teacher when she is in the foreign language room.		1.74. I can hear the teacher when she is in the foreign language room.	
1.75. I can see the teacher when she is in the special education room.		1.75. I can hear the teacher when she is in the special education room.	
1.76. I can see the teacher when she is in the health room.		1.76. I can hear the teacher when she is in the health room.	
1.77. I can see the teacher when she is in the physical education room.		1.77. I can hear the teacher when she is in the physical education room.	
1.78. I can see the teacher when she is in the art room.		1.78. I can hear the teacher when she is in the art room.	
1.79. I can see the teacher when she is in the music room.		1.79. I can hear the teacher when she is in the music room.	
1.80. I can see the teacher when she is in the computer lab.		1.80. I can hear the teacher when she is in the computer lab.	
1.81. I can see the teacher when she is in the science room.		1.81. I can hear the teacher when she is in the science room.	
1.82. I can see the teacher when she is in the social studies room.		1.82. I can hear the teacher when she is in the social studies room.	
1.83. I can see the teacher when she is in the English room.		1.83. I can hear the teacher when she is in the English room.	
1.84. I can see the teacher when she is in the math room.		1.84. I can hear the teacher when she is in the math room.	
1.85. I can see the teacher when she is in the foreign language room.		1.85. I can hear the teacher when she is in the foreign language room.	
1.86. I can see the teacher when she is in the special education room.		1.86. I can hear the teacher when she is in the special education room.	
1.87. I can see the teacher when she is in the health room.		1.87. I can hear the teacher when she is in the health room.	
1.88. I can see the teacher when she is in the physical education room.		1.88. I can hear the teacher when she is in the physical education room.	
1.89. I can see the teacher when she is in the art room.		1.89. I can hear the teacher when she is in the art room.	
1.90. I can see the teacher when she is in the music room.		1.90. I can hear the teacher when she is in the music room.	
1.91. I can see the teacher when she is in the computer lab.		1.91. I can hear the teacher when she is in the computer lab.	
1.92. I can see the teacher when she is in the science room.		1.92. I can hear the teacher when she is in the science room.	
1.93. I can see the teacher when she is in the social studies room.		1.93. I can hear the teacher when she is in the social studies room.	
1.94. I can see the teacher when she is in the English room.		1.94. I can hear the teacher when she is in the English room.	
1.95. I can see the teacher when she is in the math room.		1.95. I can hear the teacher when she is in the math room.	
1.96. I can see the teacher when she is in the foreign language room.		1.96. I can hear the teacher when she is in the foreign language room.	
1.97. I can see the teacher when she is in the special education room.		1.97. I can hear the teacher when she is in the special education room.	
1.98. I can see the teacher when she is in the health room.		1.98. I can hear the teacher when she is in the health room.	
1.99. I can see the teacher when she is in the physical education room.		1.99. I can hear the teacher when she is in the physical education room.	
1.100. I can see the teacher when she is in the art room.		1.100. I can hear the teacher when she is in the art room.	

Sample of 45-Day Screening
Instrument as shown in
Appendix

If concerns were noted on any of the 45-day screenings, as displayed in the Appendix, the school must document follow-up actions. Follow-up may consist of classroom interventions, attempts to collect additional records, referral to a child study team, or referral for a special education evaluation.

Paraprofessionals may have a role in the completion of regular education 45-day screenings. Their observations of students in the classroom, on the playground, in the cafeteria, etc. may assist in the completion of the screening for new students. Sharing the observations with the classroom teacher so as the paraprofessional's comments can be included as part of the screening assists in focusing on the needs of the individual students.

Confidentiality

Confidentiality is an important issue when delivering special education services. A paraprofessional has access to a significant amount of information pertaining to individual students. All such information is privileged and confidential, and therefore must be managed with extreme care.

The following information is a brief and general overview of the privacy issues that should be understood by all school personnel who may come into contact with students, parents or teachers or who may overhear conversations involving their school or its students.

- Directory information means information contained in any education record of a student which would not generally be considered harmful or an invasion of privacy if disclosed.
- Disclosure means access to or the release, transfer or other communication of education records, or the personally identifiable information contained in those records, to any party, by any means, including oral, written, or electronic means.
- Record of access means a recorded document of persons obtaining access to a student's record, including the name, date and reason for access.
- Right to access means that persons having a legitimate educational interest in the student and whose names and positions are listed and available to the parent, may review a student's records without parental consent.

Parent consent for release of records means that, excluding the release of records to officials of another school, to state and local educational agencies, or to comply with a judicial order, the school shall obtain a signed and dated written consent from the parent before release of the student's educational records. Parent consent is not required for release of directory information.

Student education records are confidential documents protected by one of the nation's strongest privacy protection laws, the Family Educational Rights and Privacy Act (FERPA). Education records include a wide range of information such as:

- Date and place of birth, parent(s) and/or guardian addresses, and where parents can be contacted in emergencies;
- Grades, test scores, courses taken, official letters regarding a student's status in school;
- Special education and disciplinary records;

- Medical and health records that the school creates, collects, maintains;
- Documentation of attendance, schools attended, and courses taken.
- Personal information such as a student's identification code, social security number, picture or other information that would make it easy to identify or locate a student

Part of the education record, known as directory information, includes personal information about a student that can be made public according to a school's FERPA policy. Directory information may include a student's name, address, telephone number and other information typically found in school yearbooks or athletic programs. Other examples are names and pictures of participants in various extra curricular activities.

Schools must annually give parents public notice of the types of information designated as directory information. By a specified time after parents are notified of their review rights, parents may ask to remove all or part of the information on their child that they do not wish to be available to the public without their consent. They are also required to have a policy that specifies the categories of officials and parties to whom records may be released without parent consent. Schools must provide, upon parent request, a list of types and locations of education records and a listing of school personnel who have access to those records.

For all records other than directory information, the school shall maintain a record of access sheet noting the review and/or release of any student education records or information shared verbally or electronically to persons not named on the school personnel access list. Schools are also required to conduct annual training on confidentiality for all staff. If records contain information relative to more than one student, parents may only review the information that relates to their own child.

In addition to all of the above, school personnel are reminded of the following situations regarding confidentiality:

- Refrain from gossiping about students/parents/teachers or your school no matter how harmless the conversation may seem.
- Avoid talking about specific students in front of other students.
- Avoid talking about students in places where unauthorized others may hear.
- Refrain from saying things about students that might in any way reflect unfavorably on the student or student's family.
- Limit information provided over the phone. Be sure to ask for their name and phone number for call back purposes, and check with the supervising teacher or confidentiality officer before providing any personally identifiable information over the phone or fax.

Child Development

Individuals with disabilities are infants, children, adolescents, young adults and elderly who have a life to live in the same respect as everyone else. Today, public concern and attention is directed toward providing the opportunities for life, liberty and the pursuit of happiness to all citizens. Paraeducators will be joining a large and distinguished group of parents, teachers, physicians, therapists, professionals and friends who are working to help individuals with disabilities live their lives in a way as close to "normal" as possible.

The old cliché that says "No two people are alike" is certainly true of people with special needs. It is important for paraeducators to remember that no two individuals with a disability are alike and that people with the same disability may learn to live with it in different ways.

Development is a step-by-step process. For example, learning to walk may involve as many as fifteen components, beginning with pulling to a standing position and ending with walking without holding on. Most children progress through each step rather than skipping from step 1 to step 15. Because of these sequential patterns, determining a child or youth's level of development is important so the child or youth can be assisted to reach the next step.

Individual development in physical, cognitive and social/emotional areas does not necessarily proceed evenly. One child (or adult) may be at a different chronological age for each area. It is likely, however, that the child who has accelerated in one area will be advanced in other areas as well. Also the child who is delayed in one area often is delayed in other areas as well. An obvious exception is a person who has a physical disability who might, therefore, be delayed in acquiring physical skills but is not delayed in other areas.

Stages of Development

The stages of development will follow patterns that are based on basic principles typical of all people, whether they have disabilities or not. These principles state that development is:

- Similar in all people. While every person is unique, development occurs in sequences that are predictable.
- An orderly process with stages (patterns) that can be predicted. Knowing the predictable sequences of behavior helps in recognizing typical (normal), delayed or accelerated patterns of behavioral change and growth and enables parents and educators to develop individualized programs.
- Proceeds at different rates from the general to the specific, from the upper portions of the body toward the lower portions -from head to toe, and from the center of the body to the outer body parts.

In order to provide instruction at the appropriate level, the educational field has developed objectives based on the developmental stages of the students in accordance to their chronological ages. Physical, cognitive, social and emotional development are interrelated and affected by the interaction of heredity and environment. While all individuals are unique, education has grouped students in classes based on age.

Age of Dependence

Birth–24 mos.

The skills developed during this time are the foundation for all later development. This is the stage of greatest growth in children. They go from being dependent on parents for food, movement, and stimulation to being able to control these things themselves. By the end of this age, they can walk and climb alone; tell caregivers what they want for food themselves; and entertain themselves for short periods of time. This is a time of self-centeredness and increasing independence. Children of this age are not selfish, rather they can only see the world from their own view point. The world is what they can do to it. The world is action and making things happen.

Interactions

Fine motor (e.g., using the small muscles to grip a toy), gross motor (using the large muscle groups to run or throw), communication, cognitive (thinking and understanding skills), and social skills

Communication

Included are skills that are needed for talking and also for signing or using a picture communication system for those with speech and language difficulties. Other skills involved in the area of communication are cognitive, interaction and motor areas of development.

Self-help

Skills necessary for children to feed, dress and bathe themselves. They are the skills that decrease a child's dependence on parents and caregivers and decrease the amount of time required for physical care giving.

Age of Exploration

24–36 mos.

Children continue to need help from their family, neighbors, and environment to learn how to use these new skills to interact and communicate in more complex ways. The child has mastered many more skills and language, so that they become a talker and explainer as well as a doer.

Physical Development

Include skills needed for a child to know how to act with other children, family, and other familiar objects, materials, and toys in their environment. This includes a child knowing what to do when they are alone, so that they can play by themselves. Children learn how to begin interactions and how to respond to others once the interactions begin. There will be times when these interactions are quiet activities such as reading a book, playing with trucks and cars, or drawing a picture with crayons. There will be other times when these interactions are very active, like running and screaming, climbing on the furniture and jumping off the furniture or riding a bike. Children will spend more time in active play at the beginning of this age.

Social and Emotional

The skills in this area include those involved in talking, signing, and/or using a picture communication system for those individuals with speech difficulties, and understanding what is meant when adults and peers talk with the child. During the two to three year age range, children may not be learning a lot of new words, but they are putting together the words they know and making longer and more complicated sentences. Sentences are longer and more complicated from the perspective of what they say, and children understand longer and more complicated sentences that are said to them.

Cognitive

Skills in this area include feeding, dressing, toileting, and bathing. These routines include component skills of gross motor, fine motor, communication, cognition, and interaction. Two to three year-old children are learning how to use these skills to finish each routine, but sometimes they want to play during these routines. They want continue at their own pace and they want to make the choice of when, and how, to do each routine. Many times, they use their skills during these routines to be independent from what others around them want them to do. They want to experiment and try combinations of new skills.

Preschool

3–5 yrs.

Children in this stage learn by observing adults and their peers. While they are self-centered, children between the ages of three and five also need companionship and need to be able to play with children the same age.

Physical

During this period of time the rate of physical growth begins to slow down. Children begin to play with toys that can be manipulated, for example: they enjoy playing with clay, driving nails and pegs, and building towers using small blocks. They can walk on a line, hop on one foot, and ride and steer a tricycle.

Social and Emotional

They always seem to be on the go, exploring and learning about their world. At the same time they are seeking independence, they are also forming strong attachments with caregivers and require a great deal of attention and support from adults. Their attention spans are short and they can be easily diverted.

Cognitive

They begin to learn to take turns and share, and they move from parallel play (e.g., three children playing with blocks but not interacting with one another) to cooperative play (three children working together to build a tower with the blocks). They are interested in

talking to new people and visiting new places. They begin to expand skills through the increasing use of imaginative play and the use of other methods for satisfying their curiosity.

Early Elementary

5–8 yrs.

The rate of growth continues to be relatively slow, providing children with an opportunity to develop greater coordination in both gross and fine motor areas. While children are learning to get along well with their peers, they are also sensitive to being left out, ridicule, and criticism. In school, children ages five to eight are learning basic academic skills -reading, writing and mathematics.

Physical

They learn to skip, skate, ride two-wheel bikes, walk balance beams, grasp a pencil in an adult manner, move beyond cutting straight lines to cutting out simple shapes and the use of the predominant hand for writing and throwing is established.

Social and Emotional

Developing rules, following and playing by the rules becomes very important. They begin to understand the values of their cultural environment. They like to try out the skills they are learning in many settings. The children in this age group identify strongly with their teachers and other adults. Encouragement, recognition, praise and adult support are very important. They also need time to adjust to new experiences and situations.

Cognitive

They are interested in learning how and why things move or work. Their attention spans remain short. They need time to practice what they are learning.

Late Childhood/Pre-Adolescence

8-11 yrs.

It is an overlapping period because it includes the closing years of childhood and the beginning years of adolescence. Children in this age range are enthusiastic about almost everything. At this stage of their development, children enjoy talking, and expressing abstract ideas.

Physical

It is marked by slow and steady growth. Both girls and boys need opportunities to improve the coordination of their large and small muscles and they require plenty of sleep and well-balanced meals.

Social and Emotional

They are imaginative and like to explore. Peer group approval becomes increasingly important. They are interested in organized games and competitive activities. They are frequently socially insecure; and they value secure, supportive relationships with adults.

Cognitive

They like to experiment and solve problems and are eager to acquire new skills. Language usage is influenced by peers and they are oriented to shared interests among peers.

Adolescence

12-Adult

It is the period of change in a person's life that signifies transition from childhood to adulthood. It is characterized by rapid growth and marked changes in body proportions. There is a definite relationship between physical development and the ways adolescents perceive themselves. Cognitively, adolescents are able to shift from concrete to abstract thinking.

Physical

Changes may begin and end any time between the ages of 6 and 19. Primary sex characteristics develop, and in girls reproductive organs mature. Secondary sex characteristics including marked changes in the voice, breast development in girls, development of underarm, facial and pubic hair begins in early adolescence; chest hair does not appear until late adolescence. Rapid growth and body changes are likely to be accompanied by periods of fatigue. Acne may develop, and both girls and boys may experience periodic headaches and backaches.

Social and Emotional

It is not uncommon for many adolescents to experience feelings of self-consciousness, shyness and insecurity because of the sexual changes taking place. Adolescent emotions are often intense, uncontrolled and seemingly irrational. Throughout adolescence, emotional maturity grows as individuals develop more self-control over their emotional responses. During this period the peer group influences young people more than any other factor. They are still dependent on their family but try to achieve independence and autonomy. As the dependence on home lessens, security is found among friends who share the same values and attitudes.

Cognitive

They develop the ability to test tentative hypotheses against available evidence. Moral development matures during adolescence, young people begin to define their own moral principles rather than accepting those of their parents without question. Adolescents begin to develop specific skills and talents and start to set goals for themselves.



Everyone shares certain human needs and children with certain human disabilities are no exception. These needs are almost as urgent as the basic needs for food and shelter. Some disabling conditions are more noticeable than others, and some people are immediately identifiable because of the way they look, move or act. Other disabling conditions, like specific learning disabilities or hearing impairment, are usually more hidden, but no less disabling because of that. How other people react to individuals with disabilities, and the expectations they may have, could have a great impact on how these individuals learn, grow and adapt to their environment.

Disability Categories for Special Education Students Ages 3-22

- I. Autism (A)
- II. Emotional Disability (ED)
- III. Hearing Impairment (HI)
- IV. Mild, Moderate and Severe Mental Retardation (MIMR, MOMR, SMR)
- V. Multiple Disabilities (MD)
- VI. Multiple Disabilities with Severe Sensory Impairments (MDSSI)
- VII. Orthopedic Impairments (OI)
- VIII. Other Health Impairment (OHI)
- IX. Preschool Moderate Delay (PMD)
- X. Preschool Severe Delay (SMD)
- XI. Preschool Speech/Language Delay (PSL)
- XII. Specific Learning Disability (SLD)
- XIII. Speech/Language Impairment (SLI)
- XIV. Traumatic Brain Injury (TBI)
- XV. Visual Impairment (VI)

I. Autism (A)

Autism is a developmental disability significantly affecting verbal and nonverbal communication and social interactions. Autism is generally evident before the age of 3 and can have a significant impact on educational performance. Characteristics of students with autism include repetitive activities (e.g., intense focus on a specific topic, lining up toys), stereotypical movements (e.g. hand flapping, rocking, jumping), extreme resistance to environmental changes or changes in routine (refusing to transition, screaming), and unusual or negative responses to various sensory experiences (visual, auditory, and/or olfactory). Children with autism vary widely in abilities, measurable or observable intelligence, verbal skills, academic and self-help skills and behaviors. Some children do not use any intelligible verbal communication and may use pictures or an augmentative communication device to communicate while others have unusual verbal language which can include repeated phrases or topics of conversations.

II. Emotional Disability (ED)

Students categorized as having an **emotional disability** exhibit one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the child's performance in the educational environment:

- A. An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- C. Inappropriate types of behavior or feelings under normal circumstances;
- D. A general pervasive mood of unhappiness or depression; or
- E. A tendency to develop physical symptoms or fears associated with personal or school problems.

The category of emotional disabilities includes children with schizophrenia, but does not include children who are socially maladjusted unless they are also determined to have an emotional disability.

Causes of emotional disabilities may include heredity, brain disorder, and family functioning although research has not shown any of these factors to be direct causes of behavioral problems.

Students with emotional disabilities may exhibit distorted thinking, excessive anxiety, bizarre motor acts, aggression, withdrawal, immaturity and abnormal mood swings.

III. Hearing Impairment (HI)

Hearing impairment means a loss of hearing acuity that interferes with the child's performance in the educational environment and requires the provision of special education and related services.

The Individuals with Disabilities Education Act (IDEA) includes "hearing impairment" and "deafness" as two of the categories under which children with disabilities may be eligible for special education and related service programming. While the term "hearing impairment" is often used generically to describe a wide range of hearing losses, including deafness, the regulations for IDEA define hearing impairment and deafness separately.

A **hearing impairment** is defined by IDEA as an impairment in hearing, whether permanent or fluctuating, that adversely affects a student's educational performance. **Deafness** is defined as a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects the student's educational performance.

There are 4 types of hearing losses. They include:

Conductive Hearing Loss: Caused by diseases or obstructions in the outer or middle ear (the conduction pathways for sound to reach the inner ear). Conductive hearing losses usually affect all frequencies of hearing evenly and do not result in severe losses. A person with a conductive hearing loss usually is able to use a hearing aid well or can be helped medically or surgically.

Sensorineural Hearing Loss: Results from damage to the delicate sensory hair cells of the inner ear or the nerves that supply it. These hearing losses can range from mild to profound. They often affect the person's ability to hear certain frequencies more than others. Thus, even with amplification to increase the sound level, a person with a sensorineural hearing loss may perceive distorted sounds, sometimes making the successful use of a hearing aid impossible.

Mixed Hearing Loss: Refers to a combination of conductive and sensorineural loss and means that a problem occurs in both the outer or middle and inner ear.

Central Hearing Loss: Results from damage or impairment to the nerves or nuclei of the central nervous system, either in the pathways to the brain or in the brain itself.

IV. Mental Retardation (MIMR, MOMR, SMR)

Mental retardation is defined as a significant impairment of general intellectual functioning that exists concurrently with deficits in adaptive behavior and that adversely affects the child's performance in the educational environment. The person's general cognitive functioning is considered to be significantly below average as determined by IQ testing. Additionally, the person's adaptive behavior does not meet the level of personal independence and social responsibility expected of their chronological age and culture.

Mental retardation is found among all races and cultures. An estimated three percent of the population has mental retardation. Mental *retardation* and mental *illness* are not the same condition, although they can occur in the same person. Unlike mental illness, mental retardation always is associated with limited intellectual capacity and it is a permanent condition. In contrast, mental illness is not associated with a particular level of intelligence, it may occur in a person at any age, and it is often temporary and treatable.

The range of possible mental retardation, based on both intellectual and social criteria, is commonly divided into three levels: **mild (MIMR)**, **moderate (MOMR)**, **severe (SMR)**. The level of mental retardation is the main factor that determines the degree of outside assistance the person with mental retardation needs to live a comfortable, productive life. Persons with **mild mental retardation (MIMR)** often can merge into competitive labor and daily community life with minimal assistance, while persons with **moderate mental retardation (MOMR)** may need more training and support in order to live successfully in the community.

Persons with **severe (SMR)** levels of mental retardation frequently have disabilities in addition to mental retardation. They need more assistance than persons with **mild or moderate mental retardation**; persons with profound mental retardation need a great deal of basic physical care or supervision to live.

The majority of persons with mental retardation have a mild or moderate level of retardation. They can live and work independently or semi-independently in the community. Those with severe levels of mental retardation can learn to participate in care for themselves and can function successfully in the community with varying levels of supervision and support. Frequently recognized causes of mental retardation include:

- substance abuse
- certain illnesses experienced by the mother during pregnancy (e.g. syphilis, rubella, meningitis)
- chromosomal abnormalities (e.g. Down Syndrome)
- metabolic disorders (e.g. PKU)
- destruction of brain tissue or interference with brain development (e.g. hydrocephalus, physical trauma, anoxia)
- environmental factors (poor sanitary conditions, inadequate diet or health care)

V. Multiple Disabilities (MD)

Multiple disabilities means learning and developmental problems resulting from multiple disabilities that cannot be provided for adequately in a program designed to meet the needs of children with less complex disabilities. Multiple disabilities include any of the following conditions that require the provision of special education and related services:

- (a) Two or more of the following conditions:
 - (i) Hearing impairment
 - (ii) Orthopedic impairment
 - (iii) Moderate mental retardation
 - (iv) Visual impairment
- (b) A child with a disability listed in subsection (a) existing concurrently with a condition of mild mental retardation, emotional disability, or specific learning disability.

Children and youth with multiple disabilities may exhibit a wide range of characteristics, depending on the combination and severity of disabilities and the person's age. Some of these characteristics may include:

- limited speech or communication
- difficulty in basic physical mobility
- tendency to lose skills through disuse
- trouble generalizing skills from one situation or setting to another
- a need for support in major life areas including basic personal care, domestic and leisure skills, and community and vocational participation

A variety of medical problems may accompany multiple disabilities. Examples include seizures, sensory loss, hydrocephalus, and scoliosis. These conditions should be considered when establishing school services.

VI. Multiple Disabilities with Severe Sensory Impairments (MDSSI)

Multiple Disabilities with Severe Sensory Impairments (MDSSI) is a disability that includes at least one of the following:

- (a) severe visual impairment or severe hearing impairment in combination with another severe disability (autism, orthopedic impairment, severe mental retardation, moderate mental retardation),
- (b) severe visual impairment combined with severe hearing impairment (referred to as deaf-blindness or dual sensory impaired).

The term "**deaf-blind**" is defined by the Individuals with Disabilities Education Act (IDEA) as children and youth from birth through age 21 having a combination of hearing and vision impairments that creates severe communication and developmental and learning needs. Their problems are such that they need more assistance than what students with only hearing or visual impairments or severe disabilities need to benefit from special education services. There is a wide range of combinations of hearing and visual impairments students may have.

Deaf-blindness does not mean necessarily that a student is totally unable to see or hear. Many children called deaf-blind have enough vision to be able to move about their environments, recognize familiar people, see sign language at close distances, and perhaps read large print. Others have sufficient hearing to recognize familiar sounds, understand some speech or develop speech themselves. Deaf-blindness is often accompanied by additional disabilities such as developmental delays, physical disabilities and/or health impairments.

VII. Orthopedic Impairment (OI)

Orthopedic impairment refers to a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g. clubfoot, the absence or malformation of limbs, etc.), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures).

VIII. Other Health Impaired (OHI)

Other health impaired is defined by having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, due to chronic or acute health problems that adversely affect a student's educational performance. Health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia are examples of chronic or acute conditions.

IX. Preschool Moderate Delay (PMD)

Preschool moderate delay refers to a preschool student (a child who is at least three years of age but who has not reached the required age for kindergarten) whose performance on a norm referenced test that measures at least one and one-half, but not more than three standard deviations below the mean for children of the same chronological age in two or more of the following areas:

- cognitive development
- physical development
- communication development
- social or emotional development
- adaptive development

The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment based assessment or survey. If there is a discrepancy between measures, the evaluation team shall determine eligibility based upon a preponderance of information presented.

X. Preschool Severe Delay (PSD)

Preschool severe delay refers to a preschool student (a child who is at least three years of age but who has not reached the required age for kindergarten) whose performance on a norm referenced test measures more than three standard deviations below the mean for children of the same chronological age in one or more of the following areas:

- cognitive development
- physical development
- communication development
- social or emotional development
- adaptive development

The results of the norm referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment based assessment or survey if there is a discrepancy between measures, the evaluation team shall determine eligibility based upon a preponderance of information presented.

XI. Preschool Speech/Language Delay (PSL)

Preschool speech/language delay refers to a preschool student (a child who is at least three years of age but who has not reached the required age for kindergarten) whose performance on a norm referenced test measures at least one and one-half standard deviations below the mean for children of the same chronological age or whose speech, out of context, is unintelligible to a listener who is unfamiliar with the child. Eligibility is appropriate only if a comprehensive developmental assessment or norm referenced assessment and parental input indicate that the child is not eligible for services under another preschool category. The evaluation team shall determine eligibility based upon the preponderance of the information presented.

XIII. Specific Learning Disability (SLD)

Specific Learning Disability refers to a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. It includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, or motor disabilities, of mental retardation, emotional disabilities or environmental, cultural or economic disadvantage.

There are many conflicting theories about what causes learning disabilities and how many there are. The label “learning disabilities” is all-encompassing; it does not describe a specific student with specific problems. Students with learning disabilities may exhibit a combination of characteristics and they may mildly, moderately, or severely impair the learning process.

Learning disabilities are characterized by a significant difference in the student’s achievement in some areas as compared to his or her overall intelligence.

XII. Speech/Language Impairment (SLI)

Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, language impairment, or voice impairment to the extent that it calls attention to itself, interferes with communication, or causes a child to be maladjusted.

Speech or language impairments refer to problems in communication and related areas such as oral motor function. These delays and disorder range from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech and feeding. Some cause of speech and language disorders include hearing loss, neurological disorders, brain injury, mental retardation, drug abuse, physical impairments such as cleft lip or palate, and vocal abuse or misuse. Frequently, however, the cause is unknown.

A student's communication is considered delayed when the child is noticeably behind his or her peers in the acquisition of speech and/or language skills. Sometimes a child will have greater receptive (understanding) than expressive (speaking) language skills, but this is not always the case.

Speech disorders refer to difficulties producing speech sounds or problems with voice quality. They might be characterized by an interruption in the flow or rhythm of speech, such as stuttering, which is called dysfluency. They may affect the way sounds are formed, pitch, volume or quality of the voice. Students may have difficulty producing some speech sounds.

A language disorder is an impairment in the ability to understand and/or use words in context, both verbally and nonverbally. Some characteristics of language disorders include improper use of words and their meanings, inability to express ideas, inappropriate grammatical patterns, reduced vocabulary and inability to follow directions.

XIV. Traumatic Brain Injury (TBI)

Traumatic Brain Injury is defined by an acquired injury to the brain caused by an external physical force, resulting in a total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to an open or closed head injury which results in impairments in one or more areas:

- cognition
- language
- memory
- attention
- reasoning and abstract thinking
- judgment
- problem solving
- sensory and perceptual
- psych-social behavior
- physical functions
- information processing
- speech

The term does not include brain injuries that are congenital or degenerative, or to brain injuries caused by birth trauma.

XV. Visual Impairment (VI)

Visual impairment, including blindness, is an impairment meaning a loss of visual acuity or a loss of visual field that interferes with the child's performance in the educational environment and that requires the provision of special education and related services. The terms partially sighted, low vision, legally blind, and totally blind are used in the educational context to describe students with visual impairments. They are defined as follows:

1. Partially sighted indicates some type of visual problem has resulted in a need for special education
2. Low vision generally refers to a severe visual impairment, not necessarily limited to distance vision. Low vision applies to all individuals with sight who are unable to read the newspaper at a normal viewing distance, even with the aid of eyeglasses or contact lenses. They use a combination of vision and other senses to learn, although they may require adaptation in lighting or the size of print, and sometimes, Braille
3. Legally blind refers to a person who has less than 20/200 vision in the best eye with correction or who has a limited field of vision (20° at its widest point)
4. Totally blind students learn via Braille or other non-visual media.

Students with visual impairments may need additional help with special equipment and modifications in the general education curriculum to emphasize listening skills, communication, orientation and mobility, vocation/career options, and daily living skills. Students with low vision or those who are legally blind may need help in using their residual vision more efficiently and in working with special aids and materials.

Behavior Management Skills

Behavior management techniques include various skills and knowledge that paraeducators need to know in order to assist students in special education, particularly those in inclusive settings. Children with behavioral challenges may act out (have temper tantrums; hit, kick and/or bite self or others), be unresponsive to their environment (have extreme lethargy or appear withdrawn from the activities of the classroom), or exhibit any number of non-compliant actions (refusing to follow directions in the classroom, on the bus, or in the cafeteria). It is imperative that all who work with children with severe behavioral challenges have knowledge of positive techniques that help students to learn alternative, and more appropriate behavior.

The Functions of Behavior

There are a variety of reasons that a child might misbehave. These include but are not limited to:

1. A need to communicate (see next section on Functional Communication Assessment)
2. A need for attention
3. A need to express anger
4. A need to express frustration
5. A need to express confusion
6. A need to express feelings of depression, inadequacy, or sorrow.

One of the most common reasons students misbehave is the need for attention. In this instance, it becomes very important to try to *ignore* the misbehavior. This is the simplest way to help a child develop more appropriate behavior, although it might be difficult. Ignoring inappropriate behavior can only be considered if the behavior does not pose any threats to the safety of everyone involved. Convincing peers to ignore a student's misbehavior can be a very powerful force in changing the unwanted behavior.

Another common reason for misbehavior is the need to express anger. Outbreaks can be very violent or result in withdrawn behavior, depending on the temperament of the child. Although teachers want students to understand that expressing anger is okay, they must also help them learn to express anger in a safe and socially acceptable way. Taking a self imposed "time out", speaking with an adult, or doing some sort of physical action such as running or hitting a pillow are more appropriate alternatives.

Many children with severe behavior problems come from home environments that are chaotic and less than nurturing. Being the "tough kid" may be a result of years of neglect or abuse. Many of these children do not believe themselves to be worthy of kindness and affection. It might take a long period of time for some children to develop a trusting relationship, as they have been disappointed with adults in the past.

Educators at all levels must remember to not take the misbehavior personally, even if the student appears to try to make it personal by singling you out. As the adults, it is important to keep responses to misbehavior very even emotionally. If adults get upset, the child learns that this is a way to "push buttons". It is guaranteed that the child will repeat the unwanted behavior.

Functional Communication Assessment

For some students, especially those who are low functioning or non-verbal and/or have a disability within the autism spectrum, it is crucial that behavior is considered as a function of communication. When a student's ability to be empowered and to affect their environment is compromised due to a lack of language skills, challenging behaviors are often the only means a student has to communicate. Attempts to modify or eliminate behaviors that are communicative are likely to fail in the absence of replacing those behaviors with effective communication. It is therefore essential that behaviors be addressed within the context of functional communication.

Rather than using a frequency/intensity model or an A-B-C model (Antecedent-Behavior-Consequences), it may be more useful in the design of behavioral interventions for some students to conduct a Functional Communication Assessment. This model of observation and documentation can provide the following information:

- the function or purpose of the student's behavior (e.g. request, comment, refusal, etc.)
- the content of the message being given by the behavior (i.e., what is being "said")
- student's preferred communicative partners
- settings/activities that support communicative attempts
- patterns of communication

Functional Communication Assessment			
Student Name: _____		Teacher Name: _____	
School: _____		Grade: _____	
Location: _____		Activity: _____	
Form (observed behavior)	Context (what is happening?)	Function (purpose of behavior)	Content (what is being "said")

Example of Functional Communication Assessment as shown in Appendix

Once conducted, a functional communication assessment can be used by a student's IEP team to make decisions regarding shaping inappropriate behaviors into various replacement skills such as:

- more socially acceptable communicative behaviors
- object communication
- photo communication
- picture communication
- augmentative communication
- verbal expression

In summary, for students whose verbal language is significantly compromised, it is essential to consider *all* behaviors within the context of communication. Additional tools that consider proactive strategies, consequences, and reinforcers can be helpful when used in combination with this model. See the Appendix for a sample form.

Functional Behavioral Assessment Using The ABC Continuum

A Functional Behavior Assessment (FBA) is a process educators can use to identify the causes of behavior problems. During an FBA, it is important to identify both the antecedents and the consequences to behavior. For example, if a child has a temper tantrum when called in from recess, we could identify the call in from recess as a “trigger” of the temper tantrum, and then try to think of alternative ways to signal this particular child when recess is over (e.g. perhaps staying a few minutes longer with the playground supervisor to collect balls and other equipment).

Antecedents are equally important to identify, as they might be strengthening the behavior. For example, if every time a child had a temper tantrum and was sent to the office, the office might become a place the child *wanted to go* because of all the attention the behavior was attracting. In that case, the consequence was actually *reinforcing* behavior that everyone wanted to extinguish.

This kind of behavior analysis is referred to as the A-B-C continuum. A for antecedent, B for the behavior itself, and C for the consequences to the behavior. It is important to pay close attention to where and when the incidences of misbehavior took place and who was involved. If enough information is gathered about the times, places, people involved, antecedents and consequences, educators will have a good idea about how to support the student in changing the behavior.

A-B-C ANALYSIS FORM						
DATE	TIME	NAME STAFF	Describe the area where the behavior occurred	Describe what you saw happen just before the behavior	Describe behavior as you saw it	Describe what happened after the behavior occurred

Sample A-B-C Analysis Form as shown in Appendix

Data collection can be an important role for the paraprofessional. The first step in clearly identifying the causes of inappropriate behavior is to observe the student in the classroom and other school environments. When the unwanted behavior occurs, a careful recording of time, place, and what happened just before and just after the unwanted behavior is the first step in beginning to understand the functions of the unwanted behavior. Behavior charting should continue for several days to create a *baseline*.

Frequency Charting and Duration Charting

In addition to using an A-B-C recording form, frequency and duration charting may be important, depending on the behavior that you wish to change. Some behaviors happen too often (e.g. calling out) to chart antecedents and consequences in great detail. In these cases, frequency charting is more appropriate.

In frequency charting, it is important that the behavior is clearly defined before beginning. For example, if charting how many times a child calls out, out-of-turn, it is necessary to make sure that there are no times

when this behavior is allowed and all of the children do it. A sample of a frequency chart is displayed in the Appendix.

In other cases, it is important to chart the *duration* of a behavior, or how long an episode lasts. This is useful in describing a temper tantrum, or a period when the student refuses to work. In this case, the time when the behavior begins is recorded, and then again when it ends. In this way we can begin to understand how long on the average that the student is engaging in the misbehavior. A sample duration chart is displayed in the Appendix.

Behavior Intervention Plan

Using the information gathered on the ABC chart, frequency, and duration charts, a group of individuals who work directly with the student, which can include the students parents and even the individual student himself, need to meet together and construct a Behavior Intervention Plan.

After analyzing the behavior, a Behavior Intervention Plan (BIP) should be developed that is structured within the following guidelines:

1. Prioritize behaviors. Behaviors that pose a threat to the safety of self or others should always be the first priority.
2. Do not attempt to change too many behaviors at the same time. Two to three behaviors are enough to start with.
3. Do not expect a great amount of change too quickly. Sometimes an unwanted behavior might even increase in frequency when a new plan is put into place. Students may want to “test” the new plan to see if you are serious about it. Reward any movement towards the goal, don’t wait until the behavior is completely gone (and this might never happen!).
4. Identify alternative positive behaviors, what the student is **TO** do. (For example, raise hand instead of calling out answers).
5. Identify social or other appropriate rewards for positive behavior change. Rewards don’t have to be material things. Students enjoy a variety of free rewards; spending time with adults at school (the custodian is a favorite), playing games with peers, using the computer, etc. It is a good idea to identify several rewards that can be rotated, so the reward doesn’t lose its effect.

It is important to be creative when developing the plan. New strategies should be tried, especially if the old ones were unsuccessful. Sometimes it is tempting to make consequences more aversive. For example, if a student is in detention for one recess period for fighting it is tempting to extend the punishment to a weeks worth of recess detention. Research shows that increasing the punishment rarely helps to eliminate the behavior, and can sometimes increase the anger and frustration level of the student. Rather, more support in finding new ways to deal with conflict and rewards for positive behavior change are much more likely to work. An example of a BIP can be found in the Appendix.

Proactive Planning

Proactive planning is one of the most important sections in the Behavior Intervention Plan. It consists of setting up the environment to maximize the opportunities for the student to succeed. Remembering antecedents, times, places and people that tend to co-exist with the student's problem behavior will give clues to supportive plans. This is where the creativity comes in. Knowing students well, their likes, dislikes and areas of academic strengths and weakness will help with proactive planning. The perceptions of the paraprofessional can be extremely valuable in planning proactively, since the paraprofessional is often the person who works one-to-one with the student or has more opportunities to observe.

Access to General Education Curriculum

Adaptations

Adaptations may be required for a student with special needs to become a successful learner within the general education curriculum. Any change made to the environment, curriculum, and instruction or assessment practices is considered an adaptation. Each and any adaptation made for a child is based on an individual student's strength and needs.

Paraeducators play an important role in assisting the educational team in making suggestions for appropriate adaptations and accommodations. The success of meeting student needs in different educational environments is dependent on thoughtful planning, ongoing problem solving, and openness to new ideas, and frequent evaluation.

Adaptations include accommodations and modifications. **Accommodations** are provisions made for how a student accesses and demonstrates learning. They do not substantially change the content, instructional level, or performance criteria, but provide a student equal access to learning, and an equal opportunity to demonstrate what is known.

Accommodations must be determined for each student based on their individual strengths, needs, and immediate context. Students who require accommodations in one area may need none in another area. The more intense the student's needs, the more likely it is that they will need an accommodation.

Modifications are substantial changes to what the student is expected to learn and demonstrate. These changes include alterations to the instruction, content, or performance criteria in order to provide a student with a meaningful and productive learning experience. Changes can be made to the environment and assessment areas as well, based on a student's individual needs and abilities.

Examples of accommodations and modifications are listed below:

Accommodations	Modifications
<u>General Aids</u>	
<ul style="list-style-type: none"> • Allow testing to be done in the Special Education classroom. • Summarize student learning daily. • Review previous lessons. • Give directions in short, clear steps. • Ask student to repeat directions. • Assign a peer tutor. • Provide ample wait time for response. • Teach to dominant learning style. • Use small group activities. • Provide isolated area for student to work with few distractions. • Give student verbal/non-verbal cues. • Teach using mnemonics. 	<ul style="list-style-type: none"> • Choose workbooks, readers, worksheet corresponding to the student's reading level. • Use pass/fail grading. • Reduce workload to fit ability.
<u>Fine Motor Aids</u>	
<ul style="list-style-type: none"> • Allow student to dictate answers. • Use large-spaced writing paper. • Allow manuscript or cursive writing. • Use large pencil, crayons, or markers. • Use pencil grips. • Tape paper to desk. 	<ul style="list-style-type: none"> • Utilize computer-based assessments/activities. • Use screen-read testing procedures.
<u>Gross Motor Aids</u>	
<ul style="list-style-type: none"> • Vary sitting/moving activities. • Provide practice with balance, coordination, relaxation, and swinging. 	<ul style="list-style-type: none"> • Permit multiple assessment formats like plays, skits, and interactive activities.
<u>Visual Aids</u>	
<ul style="list-style-type: none"> • Use blacked, lined paper. • Give oral tests. • Permit preferential seating. • Enlarge print. 	<ul style="list-style-type: none"> • Use number lines. • Use alphabet strips. • Use calculator or math chart.
<u>Auditory Aids</u>	
<ul style="list-style-type: none"> • Restate oral directions as needed. • Speak slowly, concisely, using simple wording. 	<ul style="list-style-type: none"> • Read material or test to student. • Provide books on tape.

Age-Appropriate Instruction

The curriculum for students with severe and multiple disabilities should stress skills that are chronologically age-appropriate, functional for the learner, and taught in a natural context. Consideration is necessary for supplementary aids and services that would facilitate the student's placement in the regular classroom. However, a child with a disability must not be removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum.

Adaptive Equipment

Assistive Technology (AT) is defined as any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Assistive devices may be categorized as they apply to a child's functional capabilities. These categories include but are not limited to:

Academic and Learning Aids: Electronic and non-electronic aids such as calculators, spell checkers, portable word processors, and computer-based software solutions

Aids for Daily Living: Self-help aids for use in activities such as eating, bathing, cooking, dressing, toileting, and home maintenance

Assistive Listening Devices and Environmental Aids: Electronic and non-electronic aids such as amplification devices, closed captioning systems, and environmental alert systems that assist a student who is hard of hearing or deaf with accessing information that is typically presented through an auditory modality

Augmentative Communication: Electronic and non-electronic devices and software solutions that provide a means for expressive and receptive communication for students with limited speech and language

Computer Access and Instruction: Input and output devices, alternative access aids, modified or alternative keyboards, switches, special software, and other devices and software solutions that enable a student with a disability to use the classroom computer

Environmental Control: Electronic and non-electronic aids such as switches, environmental control units, and adapted appliances that are used by a student with a physical disability to increase his or her independence

Mobility Aids: Electronic and non-electronic aids such as wheelchairs (manual and electronic), walkers, scooters that are used to increase personal mobility

Pre-vocational and Vocational Aids: Electronic and non-electronic aids such as picture-based task analysis sheets, adapted knobs, and adapted timers and watches that are used to assist a student in completing pre-vocational and vocational tasks

Recreation and Leisure Aids: Electronic and non-electronic aids such as adapted books, switch adapted toys, and leisure computer-based software applications that are used by a student with a disability to increase his or participation and independence in recreation and leisure activities

Seating and Positioning: Adaptive seating systems and positioning devices that provide students with optimal positioning to enhance participation and access to the curriculum

Visual Aids: Electronic and non-electronic aids such as magnifiers, talking calculators, Braille writers, adapted tape players, screen reading software applications for the computer, and Braille note-taking devices that assist a student with a visual impairment or blindness to access and produce information that is typically present in a visual (print) modality

Assistive Technology Service refers to any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. Services include:

- (A) the evaluation of the assistive technology needs of an individual with a disability;
- (B) services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities;
- (C) services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- (D) coordination and use of necessary therapies, interventions, or services with assistive technology devices, associated with education and rehabilitation plans and programs;
- (E) training or technical assistance for an individual with disabilities, or, where appropriate, the family members, guardians, advocates, or authorized representatives of such an individual; and
- (F) training or technical assistance for professionals, employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities.

Paraeducator Emergency, Health, Safety Procedures

It is important for the paraeducator that to be informed and prepared for any emergency before it happens. The school district should provide an annual training in basic first aide and CPR, as well as provide information on OSHA standards. The school district should also provide the opportunity for the paraeducators to receive the required immunization. A classroom emergency response guide should be posted in each classroom within the school. It is important for the paraeducators to read and know these procedures and be familiar with the school's safety plan for emergency evacuation and lock-down. The paraeducator must know and follow these procedures to ensure the safety of all individuals in the school.

The paraeducator may be performing tasks for a student's health and safety that may be interpreted as an infringement on that individual's personal privacy (i.e. toileting, diapering). It is important for them to demonstrate a sense of dignity, respect and sensitivity for the privacy of the individual. These tasks should be performed in a manner that is positive and comfortable for the student.

Procedures that will need to be distributed to teachers and paraeducators at each school site include:

- procedures to use for notifying parents in the event of an emergency
- proper hand washing techniques for staff and students
- knowledge of common infectious diseases
- proper handling of bodily fluids
- recognizing and reporting abuse and neglect
- bus evacuation policy
- procedures for reporting of injuries
- use of peers in assisting other students
- storing of toxic materials

Paraeducators may also need to have individual training in areas that relate to the health and safety the particular student or students they are working with such as:

- procedures to follow during seizure activity
- use and care of wheelchairs and adaptive devices and positioning of individuals
- understanding a student's eating issues and or the feeding of some individuals with disabilities
- knowledge on procedures to assist individuals in toileting and diapering
- menstrual hygiene care
- use and administration of medications
- use of lifts and appropriate use of specialized transportation of individuals with disabilities
- medical situations for specific individuals
- knowledge of Do Not Resuscitate (DNR) orders and school policy on how to respond

Glossary

A-B-C Continuum- We use the continuum of antecedent-behavior-consequence when analyzing problem behaviors.

Accommodations: Provisions made to allow a student to access and demonstrate learning.

Adaptations: Changes made to the environment, curriculum, and instruction or assessment practices in order for a student to be a successful learner. Adaptations include accommodations and modifications.

Administrator: The chief administrative official or designee or a public agency.

Annual Review: A student with disabilities is required by law to have an individualized educational program (IEP) that is reviewed each year. A review involves an updating of the student's progress and planning their educational programs.

Assistive Technology: Any item piece of equipment, or product system, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

Autism: A developmental disability that significantly affects verbal and nonverbal communication and social interaction and that negatively impacts performance. Characteristics include: irregular and impaired communication, repetitive and stereotyped movements, resistance to change in routines, and unusual response to sensory experiences.

Behavior Intervention Plan- A behavior intervention plan allows us to use data that we have collected to produce a plan that will help support the student in reducing the inappropriate behavior.

Behavior Modification: A technique of changing human behavior, based on a system of positive and negative reinforcement. Emphasis is on observable behaviors and what events precede and follow them.

Confidentiality: Precautions an individual other than the student's parent must take in not revealing information, without consent, about a specific student, to someone who is not directly involved with that student.

Cerebral Palsy: A group of conditions caused by brain damage usually occurring before or during birth or during the developmental years. Marked especially by impaired muscle control, language, speech, and psychological, or learning problems.

Deafness: A hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification, that negatively affects a child's educational performance.

Deaf-Blindness: The combination of hearing and visual impairments, which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Down Syndrome: A condition caused by chromosomal abnormality with a number of physical characteristics and varying degrees of mental retardation.

Due Process Hearing: Formal procedure for reviewing disagreements so as to insure that an individual is given an opportunity to present his/her side of an issue to an independent due process hearing officer.

Duration Charting- Duration charting helps us understand how long a behavior lasts.

Educational disadvantage: A condition which has limited a child's opportunity for educational experience resulting in a child achieving less than normal level or learning development.

Emotional Disability: A condition whereby a child exhibits one or more of the following characteristics over a long period of time and to a marked degree that negatively affects the child's performance in the educational environment:

- a. An inability to learn excluding intellectual, sensory, or health factors
- b. An inability to build or maintaining interpersonal relationships with peers and teachers
- c. Inappropriate types of behavior or feelings under normal circumstances
- d. A general mood of unhappiness or depression
- e. A tendency to develop physical symptoms or fears associated with personal/school problems

Evaluator: A qualified person in a field relevant to the child's disability who administers specific and individualized assessments for the purpose of special education and evaluation and placement.

Exceptional Child: A gifted child or child with a disability.

Free Appropriate Public Education (FAPE): Special education and related services are provided at public expense, under public supervision and direction, without charge.

Frequency Charting- Frequency charting helps us understand how often a behavior is occurring.

Full and Individual Evaluation: Procedures used in accordance with IDEA to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs.

Functional Behavioral Assessment- A functional behavioral assessment, like the Communication Assessment helps us to understand a students inappropriate behavior by analyzing when, where, and why a student is misbehaving.

Functional Communication Assessment- A functional communication assessment can tell us if the students inappropriate behavior is an attempt to communicate a need, usually for a student who has difficulty communicating in more traditional ways.

Functions of Behavior- The function of inappropriate behavior is usually that a student needs or wants something and is not willing or able to use appropriate means to get it.

Hearing Impairment: Loss of hearing acuity, which interferes with the child's performance in the educational environment and requires special education and related services.

Individualized Education Program (IEP): A written statement for providing special education services to a child with a disability that includes the child's present level of educational performance, measurable annual goals, short-term objectives, and the special education and related services to be provided.

Individualized Education Program Team (IEP Team): A team whose task is to develop an appropriate education program for the child that includes:

- a. The parent
- b. At least one of the child's regular education teachers
- c. One of the child's special education teachers
- d. A representative of the public agency that is qualified to provide or supervise the provision of instruction specifically designed for a child with disabilities
- e. A person who can interpret the evaluation results
- f. The child, if appropriate
- g. Other persons with knowledge or special expertise about the child

Interpreter: A person trained to translate orally or in sign language in matters pertaining to special education identification, evaluation, placement, the provision of FAPE, or assurance of procedural safeguards for parents and students who speak in a language other than English.

Least Restrictive Environment (LRE): Describes procedures to ensure that, to the maximum extent appropriate, students with disabilities are educated with students who are disabled.

Mental Retardation: A significant impairment in general intellectual function that exists with deficits in adaptive behavior and negatively affects the child's performance in the educational environment.

Mild Mental Retardation: Performance on standards of intellectual and adaptive behavior between two to three standard deviations below the mean for children of the same age.

Moderate Mental Retardation: Performance on standards of intellectual and adaptive behavior between three to four standard deviations below the mean for children of the same age.

Multidisciplinary Evaluation Team (MET): A team of people including the individuals mentioned as part of the IEP Team, and other qualified professional who determine whether a child is eligible for special education.

Multiple Disabilities: Learning and development problems resulting from multiple disabilities as determined by evaluation that cannot be provided for adequately in a program designed to meet the needs of children with less complex disabilities.

Modifications: Substantial changes in what a student is expected to learn and to demonstrate.

Orthopedic Impairment: One or more severe orthopedic impairments that negatively affect a child's performance in the educational environment.

Other Health Impairments: Limited strength or vitality, including a heightened alertness to environmental stimuli due to chronic health problems, which negatively affect a pupil's educational performance.

Preschool Child: A child who is at least 33 months of age, but who has not reached the required age for kindergarten.

Preschool Moderate Delay: Performance by a preschool child on a norm-referenced test that measure at least one and one-half, but not more than three standard deviations below the mean for children of the

same chronological age in two or more of the following areas: cognitive development, physical development, communication development, social or emotional development, or adaptive development.

Preschool Severe Delay: Performance by a preschool child on a norm-referenced test that measure more than three standard deviations below the mean for children of the same chronological age in two or more of the following areas: cognitive development, physical development, communication development, social or emotional development, or adaptive development.

Preschool Speech/Language Delay: Performance by a preschool child on a norm-referenced test that measure at least one and one-half standard deviations below the mean for children of the same chronological age, of whose speech, out of context, is unintelligible to a listener who is appropriate only if a comprehensive developmental assessment and parental input indicate that the child is not eligible for services under another preschool category.

Prior Written Notice: A notice that includes:

- a. A description of the action proposed or refused by the school
- b. An explanation of why the school proposes or refuses to take the action
- c. A description of any options the school considered and the reasons why those options were rejected
- d. A description of each evaluation procedure, test, record, or report of the school used as a basis for the proposal or refusal
- e. A description of any other factors that were relevant to the school's proposal or refusal
- f. A full explanation of the all the procedural safeguards available to the parent
- g. A listing of sources for parents to contact to obtain assistance in understanding the notice.

Proactive Planning- Proactive planning is planning ahead, so that problem behaviors might be reduced.

Procedural Safeguards: Precautions taken to insure that an individual's rights are not denied without due process of law.

Public Agency: School district, charter school, accommodation school, state supported institution, or other political subdivision of the state that is responsible for provide education to children with disabilities.

Reevaluations: Required at least every three years for each special education student.

Related Services: Supportive services that is required to assist a child with a disability who is eligible to receive special education services in order for the child to benefit from special education.

Severe Mental Retardation: Performance on standard measures of intellectual and adaptive behavior measures at least four standard deviations below the mean for children of the same age.

Special Education: Adjustment of the environmental factors, modification of the course of study and adaptation of teaching methods, materials and techniques to provide educationally for those children who are gifted or disabled to such an extent that they need specially designed instruction in order to receive educational benefit.

Special Education Referral: A written request for an evaluation to determine whether a pupil is eligible for special education services, and includes documentation of appropriate efforts to educate the pupil in a regular education program.

Specific Learning Disability: A specific learning disorder in one or more the basic psychological process involved in understand or in using language, spoke or written, which may manifest itself in a imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations.

Speech/Language Impairment: A communication disorder such as stuttering impaired articulation, severe disorders of syntax, semantics or vocabulary, or functional language skills, or voice impairment to the extent that it calls attention to itself, interferes with communication or causes a child to be maladjusted.

Traumatic Brain Injury: An acquired injury to the brain that is caused by an external physical force and that results in total or partial functional disability or psychological impairment, or both, that negatively affects educational performance.

Visual Impairment: A loss in visual acuity or a loss of visual field, as determined by evaluation, that interferes with the child's performance in the educational environment and that requires the provision of special education and related services.

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Resources

Electronic Discussion Forum on Paraeducators

http://www.usc.edu/dept/education/CMMR/Clearinghouse.html#electronic_forum

IDEA Partnerships Paraprofessional Initiative

<http://www.ideapractices.org/resources/detail.php?id=22068>

Instructional Resources for Paraeducators

<http://para.unl.edu/para/TrainingIntro.html>

Paraeducator support for students with disabilities in general education classes

<http://www.uvm.edu/~cdci/parasupport/>

National Clearinghouse for Paraeducator Resources

<http://www.usc.edu/dept/education/CMMR/Clearinghouse.html>

National Resource Center for Paraprofessionals

<http://www.nrcpara.org>

Paraeducator Resource and Research Center

<http://www.paracenter.org/>

Paraeducator Training Resources

<http://www.nrcpara.org/resources/bibliography/index.php>

Resources for Paraeducator Development (text listing)

<http://ici.umn.edu/products/impact/152/res.html>

APPENDIX

SPECIAL EDUCATION ACRONYMS

(Rev. 8/01)

A	Autism	CELF-R	Clinical Evaluation of Language Functioning-Revised
AAC	Arizona Administrative Code (state regulations)	CFR	Code of Federal Regulations
AAPSEC	Arizona Association of Private Schools for Exceptional Children	CHIC	Center for Hearing Impaired Children
AAS	Arizona Academic Standards	COPD	Community Outreach Program for the Deaf
ABA	Applied Behavioral Analysis	COPS	California Occupational Preference Survey
ABI	Arizona Behavioral Initiative	COTA	Certified Occupational Therapy Assistant
ABLE	Arizona Basic Learning Experience	CP	Cerebral Palsy
ACTT	Arizona Community Transition Team	CPS	Child Protective Services
ADD	Attention Deficit Disorder	CRS	Children's Rehabilitative Services
ADE	Arizona Department of Education	CSPD	Comprehensive System of Personnel Development
ADHD	Attention Deficit Hyperactivity Disorder	CST	Child Study Team
ADJC	Arizona Department of Juvenile Corrections	CTE	Career and Technical Education
ADOC	Arizona Department of Corrections	DAP	District Achievement Plan
AIB	Arizona Industries for the Blind	DD	Developmental Disability
AIMS	Arizona Instrument to Measure Standards	DDD	Division of Developmental Disabilities
AIMS-A	Arizona Instrument to Measure Standards- Alternate	DES	Department of Economic Security
AOC	Administrative Office of the Courts	DHS	Department of Health Services
APE	Adaptive Physical Education	DTT	Discreet Trial Training
Arc	Association for Retarded Citizens	DOC	Department of Corrections
ARS	Arizona Revised Statutes (state laws)	DOE	Department of Education (United States)
ArSHA	AZ Speech & Hearing Association	DOL	Department of Labor
ASBA	Arizona School Boards Association	DSM-IV	Diagnostic and Statistical Manual of Mental Disorders-IV
ASDB	Arizona State School for the Deaf and the Blind	DTT	Discreet Trial Training
ASHA	American Speech & Hearing Association	ED	Emotional Disability
AT	Assistive Technology	EDP	Emotional Disability, Private School
AUT	Autism	EHA	Education of the Handicapped Act, P.L. 94-142
AZ-AGO	Arizona-Attorney General's Opinion	EI	Emotional Intelligence
BD	Behavioral Disorder	ELL	English Limited Learner
BHS	Behavioral Health Services	ESL	English as a Second Language
BIP	Behavior Intervention Plan	ESS	Exceptional Student Services
CAI	Computer Assisted Instruction	ESY	Extended School Year
CARS	Childhood Autism Rating Scale	FAPE	Free Appropriate Public Education
CASA	Court Appointed Special Advocate	FBA	Functional Behavior Assessment
CASE	Council for Administrators in Special Education	FERPA	Family Educational Rights and Privacy Act
CBI	Community Based Instruction	GATB	General Aptitude Test Battery
CCB	Cross-categorical Bilingual	GATE	Gifted and Talented Education
CCP	Cross-categorical Primary	HI	Hearing Impairment
CCPR	Collaborative Compliance Program Review (monitoring)	IAES	Interim Alternative Educational Setting
CCTM	Continuous Comprehensive Transition Model	IDEA	Individuals with Disabilities Education Act, PL 105-17
CEC	Council for Exceptional Children	IEP	Individualized Education Program

IFSP	Individualized Family Service Program	PIN	Parent Information Network
IPE	Individual Plan for Employment (formerly IWRP)	PINS	Parent Information Network Specialist
IQ	Intelligence Quotient	PPVT - III	Peabody Picture Vocabulary Test - Third Revision
ITP	Individualized Transition Program	PMD	Preschool Moderate Delay
ITPA	Illinois Test of Psycholinguistic Ability	PSD	Preschool Severe Delay
IVEP	Individualized Vocational Education Program	PSL	Preschool Speech/Language
JEVS	Jewish Employment Vocational Services	PSN	Procedural Safeguard Notice
JTPA	Job Training Partnership Act	PT	Physical Therapy
KABC	Kaufman Assessment Battery for Children	PWI	Projects with Industry
KTEA	Kaufman Test of Educational Achievement	PWN	Prior Written Notice
K-BIT	Kaufman Brief Intelligence Test	RFP	Request for Proposal
LD	Learning Disability	RFQ	Request for Quotation
LDA	Learning Disabilities Association	RRC	Regional Resource Center
LEA	Local Education Agency, including Charter Schools	RSA	Rehabilitation Services Administration
LEP	Limited English Proficient	SB	Stanford - Binet Test of Intelligence
LRE	Least Restrictive Environment	SCI	Spinal Cord Injury
MAP	Measure of Academic Progress	SEA	State Education Agency
MD	Multiple Disabilities	SEAA	Special Education Administrators Association
MDSSI	Multiple Disabilities Severe Sensory Impaired	SEVEP	Special Education Vocational Education Program
MET	Multidisciplinary Evaluation Team	SELECT	Special Ed. Learning Experience for Competency in Teaching
MIMR	Mild Mental Retardation	SIB	Scales of Independent Behavior
MOMR	Moderate Mental Retardation	SIG	State Improvement Grant
MR	Mental Retardation	SIT - R	Slosson Intelligence Test - Revised
MS	Multiple Sclerosis	SLA	Sign Language Associates
MSW	Master of Social Work	SLP	Speech Language Pathologist
NASDSE	National Association of State Directors of Special Education	SLD	Specific Learning Disability
NASP	National Association of School Psychologists	S/LI	Speech/Language Impairment
NSST	Northwestern Syntax Screening Test	SMR	Severe Mental Retardation
OCR	Office of Civil Rights	SPED/LEP	Special Education/Limited English Proficient
OJE	On-the-Job Evaluation	SPELT - II	Structured Photographic Expressive Language Test -
OJT	On-the-Job Training	SSDI	Supplemental Security Disability Income
OI	Orthopedic Impairment	SSI	Supplemental Security Income
OHI	Other Health Impairment	SST	Student Study Team
O and M	Orientation and Mobility	SUPPORT	A System for Utilizing Peers in Program Organization, Review, and Technical Assistance
OSEP	Office of Special Education Programs	SW	Social Worker
OSERS	Office of Special Education and Rehabilitative Services	SWAT	School-Wide Assistance Team
OT	Occupational Therapy	SWHD	Southwest Human Development
OT/PT	Occupational Therapy/Physical Therapy	SWEP	Student Work Exploratory Program
OTR	Occupational Therapist, Registered	TA	Technical Assistance
PALS	Parents Are Liaisons to Schools	TABE	Test of Adult Basic Education
PDSO	Phoenix Day School for the Deaf	TACL - II	Test of Auditory Comprehension of Language
PIAT - III	Peabody Individual Achievement Test - Third Revision	TASH	The Association for Persons with Severe Handicaps
PIC	Prescriptive Instructional Center	TAT	Teacher Assistance Team
PIC	Private Industry Council		

TBI	Traumatic Brain Injury	
TOLD - II	Test of Oral Language Development	
TONI - 3	Test of Nonverbal Intelligence	
TOWL - 3	Test of Written Language - Third Revision	
USDOE	United States Department of Education	
VI	Visual Impairment	
VIP	Visually Impaired Preschool	
VMI	Visual Motor Integration - Fourth Edition	
VR	Vocational Rehabilitation	
WAIS - III	Weschler Adult Intelligence Scale - Third Revision	
WIAT - II	Weschler Individual Achievement Test	
WISC - III	Weschler Intelligence Scale for Children - Third Revision	
WJ – R	Woodcock-Johnson Psychoeducational Battery - Revised	
WOTC	Work Opportunities Tax Credits	
WPPSI-R	Weschler Preschool & Primary Scale of Intelligence-	Revised
WRAT - 3	Wide Range Achievement Test - Third Revision	
WRIOT	Wide Range Interest Occupation Test	
WRMT-R	Woodcock Reading Mastery Test – Revise	

STUDENT SCREENING REPORT

Name of Student		DOB	Student ID#
Date of Entry	Date of Screening	Teacher	Grade
1. VISION YES NO <input type="checkbox"/> <input type="checkbox"/> Holds book too close or too far <input type="checkbox"/> <input type="checkbox"/> Squints or has trouble seeing board <input type="checkbox"/> <input type="checkbox"/> Has trouble with eyes <input type="checkbox"/> <input type="checkbox"/> Has weak note taking skills <input type="checkbox"/> <input type="checkbox"/> Other		6. COMMUNICATION SKILLS YES NO <input type="checkbox"/> <input type="checkbox"/> Has poor speech habits <input type="checkbox"/> <input type="checkbox"/> Articulates poorly <input type="checkbox"/> <input type="checkbox"/> Often stutters <input type="checkbox"/> <input type="checkbox"/> Has difficulty expressing ideas <input type="checkbox"/> <input type="checkbox"/> Other	
2. SOCIAL/BEHAVIORAL YES NO <input type="checkbox"/> <input type="checkbox"/> Displays externalizing behaviors (fighting, assaulting, vandalizing) <input type="checkbox"/> <input type="checkbox"/> Displays internalizing behaviors (fears, phobias, depression, withdrawn) <input type="checkbox"/> <input type="checkbox"/> Has difficulty with unstructured environments or transitions between activities <input type="checkbox"/> <input type="checkbox"/> Has difficulty developing or maintaining peer or adult relationships <input type="checkbox"/> <input type="checkbox"/> Inappropriate types of behavior or feelings under normal circumstances		7. HEARING YES NO <input type="checkbox"/> <input type="checkbox"/> Does not respond to name, directions, or questions in class <input type="checkbox"/> <input type="checkbox"/> Frequently asks for information to be repeated or asks "What?" <input type="checkbox"/> <input type="checkbox"/> Has significantly delayed language <input type="checkbox"/> <input type="checkbox"/> Has frequent earaches <input type="checkbox"/> <input type="checkbox"/> Seems not to pay attention <input type="checkbox"/> <input type="checkbox"/> Other	
3. PSYCHOMOTOR SKILLS YES NO <input type="checkbox"/> <input type="checkbox"/> Has short attention span <input type="checkbox"/> <input type="checkbox"/> Problems with gross motor development (clumsy or awkward) <input type="checkbox"/> <input type="checkbox"/> Problems with fine motor skills (reaching, grasping, manipulation of objects) <input type="checkbox"/> <input type="checkbox"/> Other		8. OTHER CONSIDERATIONS Last grade attended: _____ Year attended: _____ Last school attended: _____ Significant discrepancy (level compared to last grade): Y N Date records requested: _____ Received: _____ Date records reviewed: _____ Reviewer: _____ History of special/adaptive or IEP education? Y N	
4. ACADEMIC/COGNITIVE PROGRESS <u>YES NO</u> <input type="checkbox"/> <input type="checkbox"/> Learns very slowly compared to peers <input type="checkbox"/> <input type="checkbox"/> Attention problems (short attention span, focused on less relevant stimuli) <input type="checkbox"/> <input type="checkbox"/> Below grade level in reading: _____ <input type="checkbox"/> <input type="checkbox"/> Below grade level in writing: _____ <input type="checkbox"/> <input type="checkbox"/> Below grade level in math: _____ <input type="checkbox"/> <input type="checkbox"/> Has difficulty acquiring, retaining, recalling or manipulating information <input type="checkbox"/> <input type="checkbox"/> Other			
5. ADAPTIVE DEVELOPMENT <u>YES NO</u> <input type="checkbox"/> <input type="checkbox"/> Poor self care skills related to personal hygiene, dress, maintaining personal belongings <input type="checkbox"/> <input type="checkbox"/> Poor social skills related to working cooperatively with peers, social perceptions, response to social cues, or socially acceptable language <input type="checkbox"/> <input type="checkbox"/> Poor ability to understand directions, communicate needs, and express ideas <input type="checkbox"/> <input type="checkbox"/> Lack of school coping behaviors related to attention to learning tasks, organizational skills, questioning behavior, following directions, and monitoring time use		Administrative Action <input type="checkbox"/> NO PROBLEM AT THIS TIME <input type="checkbox"/> PROBLEM NOTED: Action Taken Below YES NO <input type="checkbox"/> <input type="checkbox"/> Current IEP/Special Education Records Received <input type="checkbox"/> <input type="checkbox"/> Referred for student study team: Date _____ <input type="checkbox"/> <input type="checkbox"/> Referred for 504 plan <input type="checkbox"/> <input type="checkbox"/> Other: _____	
		Administrator's Signature and Date <hr/>	
		PRIMARY LANGUAGE ASSESSMENT If any of the following is other than English, a primary language assessment must be done. a) The language most spoken in the home is English/Spanish b) The language most spoken by the student is English/Spanish c) The child's first spoken language was English/Spanish Language proficiency review date: _____ Form: _____ Primary language of instruction: English/Spanish	

NOTIFICATION OF CONFIDENTIALITY RIGHTS REGARDING EDUCATION RECORDS OF STUDENTS WITH DISABILITIES AND THEIR PARENTS

Confidentiality of education records is a right of public school students and their parents. Two federal laws, the Individuals with Disabilities Education Act (IDEA), and the Family Educational Rights and Privacy Act (FERPA) provide for this right. Under these laws, "education records" means those records that are: (1) directly related to a student; and (2) maintained by an educational agency or institution or by a party acting for the agency or institution. Of course, education records are maintained on every child enrolled in a public school. The types of information gathered and maintained includes, but is not limited to: the student's and parents' names, address and telephone number; the student's date and place of birth, date of enrollment in the school, records from previous schools attended, attendance record, subjects taken, grades, school activities, assessment results, number of credits earned, immunization records, disciplinary records, if any, correspondence from parents, and child find and other screening results, including hearing and vision screening results.

In addition, for children with disabilities, education records could include, among other things, evaluation and testing materials, medical and health information, each annual Individualized Education Program (IEP), notices to parents, notes regarding IEP meetings, parental consent documents, information provided by parents, progress reports, assessment results, materials related to disciplinary actions, and mediation agreements.

The information is gathered from a number of sources including the student's parents and staff of the school of attendance. Also, with parental permission, information may be gathered from additional sources including doctors and other health care providers.

This information is collected to assure proper identification of a student and the student's parents and the maintenance of accurate records of the student's progress and activities in school. For children with disabilities, additional information is collected in order to assure the child is identified, evaluated, and provided a Free Appropriate Public Education in accordance with state and federal special education laws.

Each agency participating under Part B of IDEA must assure that at all stages of gathering, storing, retaining and disclosing education records to third parties that it complies with the federal confidentiality laws. In addition, the destruction of any education records of a child with a disability must be in accordance with IDEA regulatory requirements.

The federal Family Policy Compliance Office of the U.S. Department of Education has provided the following notice of parent's rights under FERPA.

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. They are:

(1) The right to inspect and review the student's education records within 45 days of the day the school receives a request for access.

Parents or eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading.

Parents or eligible students may ask a school district to amend a record that they believe is inaccurate or misleading. They should write the school principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.

If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the school has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, a school may disclose education records, without consent, to officials of another school district in which a student seeks or intends to enroll.

An agency reporting a crime committed by a student with a disability shall ensure that copies of the special education and disciplinary records of the student are transmitted for consideration by the appropriate authorities to whom it reports the crime. An agency reporting a crime may transmit copies of the student's special education and disciplinary records only to the extent permitted by FERPA.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by a school to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:

Family Policy Compliance Office U. S. Department of Education 600 Independence Avenue, SW Washington D.C. 20204-6005

A school may designate information in education records as "directory information" and may disclose it without parent consent, unless notified that the school is not to disclose the information without consent. The law defines "directory information" as follows:

The student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student.

Notice of these rights are available, upon request, on audio tape, in Braille, and in languages other than English. You may contact the Arizona Department of Education at 602-542-3111.

Functional Communication Assessment

Student's Name: _____ Teacher's Name _____

School: _____ Grade: _____

Location _____ Activity: _____

[illegible]

A-B-C ANALYSIS FORM

DATE	TIME	NAME STAFF	Describe the area <u>where</u> the behavior occurred	Describe what <u>you saw</u> happen just <u>before</u> the behavior	Describe behavior as you <u>saw</u> it	Describe what happened <u>after</u> the behavior occurred

FREQUENCY DATA SHEET

Student:_____ **Dates:**_____ **Behavior:**_____

Activity Observed:_____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 - 8:30					
8:30 - 9:00					
9:00 - 9:30					
10:00 - 10:30					
10:30 - 11:00					
11:30 - 12:00					
12:00 - 12:30					
12:30 - 1:00					
1:00 - 1:30					
1:30 - 2:00					
2:00 - 2:30					
2:30 - 3:00					
3:00 - 3:30					
TOTAL INCIDENTS					
TOTAL TIME min/hour/day time interval (circle one)					
RATE PER min/hour/day time interval (circle one)					

DURATION DATA SHEET

STUDENT: _____

BEHAVIOR: _____

	Date _____ start _____ end _____	Date _____ start _____ end _____	Date _____ start _____ end _____	Date _____ start _____ end _____
	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____
	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____
	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____
	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____
	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____
	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____
	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____	stop _____ start _____ duration _____
TOTAL MINUTES DURATION				
TOTAL MINUTES OBSERVED				
PERCENT				

Functional Behavior Assessment Worksheet

Name _____ Grade _____

Specific Undesirable Behaviors Exhibited:

Target Behavior:

Baseline Data:

Frequency:

Duration:

Intensity:

Antecedents:

Consequences:

When is it NOT likely to occur?

Are there warning signs?

Behavior Intervention Plan Worksheet

Name _____ Date _____

Team Members _____

Target behavior(s):

Proactive Strategies + person responsible:

Consequences for the behavior:

Rewards for positive behavior change: